

<b>Case Number:</b>	CM14-0044224		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/16/2012
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in Arizona. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a woman who sustained a work-related injury on 8/16/12 resulting in chronic neck and shoulder pain. On 1/14/14 she was evaluated by the primary provider. During the office visit she complained of ongoing pain in in the neck radiating to the shoulders with bilateral pain in the shoulders. Physical exam of the cervical spine showed tenderness to palpation of the paravertebral muscles with spasm. The left shoulder had tenderness to palpation and the right shoulder had tenderness to palpation of the acromioclavicular joint and posterior shoulder. Diagnosis included cervical musculoligamentous injury, cervical radiculopathy, left shoulder internal derangement, left shoulder myoligamentous injury, right shoulder internal derangement and right shoulder myoligamentous injury. Previous treatment included physical therapy and oral analgesic medications.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**MRI Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 9 shoulder complaints Page(s): 202.

**Decision rationale:** The injured worker complains of pain in bilateral shoulders. Physical exam is positive for tenderness to palpation of both shoulders without any weakness or orthopedic tests that would indicate a rotator cuff tear or labral tear. According to the California MTUS an MRI of the shoulder is appropriate and medically necessary when injury to the rotator cuff or labrum is suspected and surgical intervention is planned. In this case the documentation doesn't support concern for rotator cuff injury and there is no surgical intervention planned. The MRI was not medically necessary.

**MRI Right Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Complaints Page(s): 202.

**Decision rationale:** The injured worker complains of pain in bilateral shoulders. Physical exam is positive for tenderness to palpation of both shoulders without any weakness or orthopedic tests that would indicate a rotator cuff tear or labral tear. According to the California MTUS an MRI of the shoulder is appropriate and medically necessary when injury to the rotator cuff or labrum is suspected and surgical intervention is planned. In this case the documentation doesn't support concern for rotator cuff injury and there is no surgical intervention planned. The MRI was not medically necessary.