

<b>Case Number:</b>	CM14-0066499		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	04/15/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a [REDACTED] employee who has filed a claim for bilateral shoulder pain reportedly associated with an industrial injury of April 15, 2013. Thus far, the applicant has been treated with the following: analgesic medications; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated May 9, 2014, the claims administrator denied a request for right and left shoulder MRI imaging. The applicant's attorney subsequently appealed. In a February 28, 2014 progress note, the applicant reported persistent complaints of neck, forearm, and shoulder pain, reportedly associated with cumulative trauma at work. X-rays of the right and left shoulder dated February 12, 2014 were read as normal. In a May 14, 2014 progress note, the applicant again reported persistent complaints of bilateral shoulder, arm, and forearm pain, again this attributed to cumulative trauma at work. The applicant did have issues with anxiety and depression, it was acknowledged. The applicant was obese, with a BMI of 34. Decreased range of motion was noted about the bilateral shoulders. The attending provider apparently appealed previously denied shoulder MRIs. Work restrictions were endorsed. On February 12, 2014, the applicant was described as having bilateral shoulder, bilateral elbow, and neck pain. Mobic was prescribed. X-rays of numerous body parts were also suggested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI bilateral shoulders (right and left): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Imaging Page(s): 52. Decision based on Non-MTUS Citation Official Disability Guidelines, Imaging.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, pg. 214, routine MRI imaging of the shoulders for evaluation without surgical indication is "not recommended." In this case, there is no evidence that the applicant is a surgical candidate in so far as either shoulder is concerned. The attending provider did not state for what purpose the shoulder MRI imaging was being sought. Therefore, the request is not medically necessary.