

<b>Case Number:</b>	CM14-0067600		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	02/21/2014
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	05/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 36-year-old female who reported an injury on 02/21/2014. The mechanism of injury was when a rack of clothes fell and hit the injured worker. The diagnoses included right wrist/forearm strain, depression, anxiety, tendonitis, cervical strain, right shoulder pain, dyspepsia. Previous treatments included medication, and physical therapy. The clinical note dated 05/12/2014, it was reported the injured worker complained of pain in the right upper shoulder and neck. She rates her pain a 6 out of 10 in severity in her wrist. She rated her right arm pain 6 out of 10 in severity. Upon the physical examination the provider noted the injured worker had tenderness to palpation of the right shoulder in the posterior aspect teres, rhomboid and trapezius with spasms in trap. The range of motion was limited by pain to 75% of normal in flexion/abduction. The provider indicated the injured worker had tenderness to palpation of the dorsal m/3 forearm with full range of motion. The request submitted is for an MRI of the right shoulder, however, a rationale is not provided for clinical review. The Request for Authorization form was submitted and signed on 06/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-  
<https://www.acoempracguides.org/Shoulder>.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 207-209.

**Decision rationale:** The California MTUS/ACOEM Guidelines note that for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red flag conditions are ruled out. The guidelines note criteria for ordering the imaging studies or emergent of a red flag including indications of intra-abdominal or cardiac problems presenting as shoulder problems, neurologic evidence of tissue insult or neurovascular dysfunction including cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon. There is lack of documentation indicating the provider's suspected the emergent of a red flag diagnosis. There is lack of documentation indicating lack of significant neurological deficits such as decreased sensation or motor strength in a specific dermatomal and myotomal distribution. There is lack of documentation regarding the failure of conservative treatment. The rationale for the request was not provided. The medical necessity for imaging was not established. Therefore, the request for an MRI is not medically necessary.