

<b>Case Number:</b>	CM14-0074865		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	05/07/2001
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this claimant is a 76-year-old female with a 5/7/01 date of injury. At the time of request for authorization (2/27/14) for MRI of the left shoulder, there is documentation of subjective complaints of left shoulder pain with stiffness and weakness, as well as objective findings including tenderness to palpation over the anterior and posterior left glenohumeral joint capsules, decreased left shoulder range of motion, positive left shoulder impingement signs, and decreased left shoulder muscle strength. The diagnoses are listed as cervical and lumbar degenerative disc disease, and treatment to date has been physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - online version.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Magnetic resonance imaging (MRI).

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies the documentation of pre-operative evaluation of partial thickness or large full-thickness rotator cuff tears as criteria necessary to support the medical necessity of shoulder MRI. ODG identifies documentation of a condition/diagnosis (with supporting subjective/objective findings) for which a shoulder MRI is indicated - acute shoulder trauma, suspect rotator cuff tear/impingement, age greater than 40, normal plain radiographs, subacute shoulder pain, or suspected instability/labral tear - as criteria necessary to support the medical necessity of shoulder MRI. Within the medical information available for review, there is documentation of diagnoses of cervical and lumbar degenerative disc disease. However, despite documentation of some subjective and objective findings, there is no documentation of a condition/diagnosis for which a shoulder MRI is indicated. Therefore, based on guidelines and a review of the evidence, the request for MRI of the left shoulder is not medically necessary.