

<b>Case Number:</b>	CM14-0083513		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	06/01/2010
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 New York. 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 claimant is a 51 year old female who sustained an industrial injury on 06/01/2010. The mechanism of injury was not provided for review. Her diagnoses include bilateral shoulder impingement, left elbow cubital syndrome, right elbow cubital syndrome s/p right elbow cubital tunnel release, bilateral carpal tunnel s/p bilateral endoscopic release, and left elbow epicondylitis. She continues to complain of bilateral shoulder right & left and bilateral elbow pain with occasional left hand numbness. On exam she has pain with rotation of the shoulders with positive impingement signs bilaterally, positive Hawkins'/Neer signs bilaterally. Treatment in addition to surgery has included medical therapy with opiates, physical therapy and steroid injection therapy. The treating provider has requested MRI of the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI right shoulder:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Pain, and Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine: Evaluation of Shoulder Pain 2012.

**Decision rationale:** There is documentation provided necessitating the requested MRI of the right shoulder. The claimant has had complaints of bilateral shoulder pain with evidence of impingement. There is documentation of positive Hawkins and Neer signs on the right shoulder consistent with rotator cuff pathology. There has been no significant improvement despite medical therapy, physical therapy, and steroid injection therapy. MRI is indicated to determine the potential need for surgical intervention. Medical necessity for the requested MRI study has been established. The requested item is medically necessary.