

<b>Case Number:</b>	CM14-0088712		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/21/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 Nevada. 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 records presented for review indicate that this 45-year-old female was reportedly injured on September 21, 2013. The most recent progress note, dated March 19, 2014, indicates that there are ongoing complaints of low back pain with numbness and tingling in the bilateral feet as well as head pain, upper back pain, and bilateral hand and finger pain. The physical examination demonstrated tenderness and spasms along the suboccipital muscles and the left upper trapezius. There was decreased cervical spine range of motion secondary to pain. Some decreased sensation was noted at the ulnar side of the left arm. Examination of the lumbar spine indicated tenderness along the paravertebral muscles and a positive sitting root test. A shoulder examination noted tenderness and spasms of the upper trapezius and rhomboids. There was decreased range of motion secondary to pain and a negative impingement test, apprehension test, and empty can test. There was a positive cubital Tinel's test on the left side. Diagnostic imaging studies are unknown. Previous treatment was not discussed. A request had been made for an MRI of the right and left shoulder and was not certified in the pre-authorization process on May 30, 2014.

### 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. Decision based on Non-MTUS Citation ODG, Shoulder, MRI (magnetic resonance imaging)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**Decision rationale:** The most recent progress note dated March 19, 2014, does not indicate any abnormal findings of the shoulders other than decreased motion secondary to pain. There is no tenderness at the shoulders themselves but rather the upper back and all special tests of the shoulders were negative. Considering the lack of significant findings, the request for an MRI of the left shoulder is not medically necessary.

**MRI right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG, shoulder, MRI (magnetic resonance imaging)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**Decision rationale:** The most recent progress note dated March 19, 2014, does not indicate any abnormal findings of the shoulders other than decreased motion secondary to pain. There is no tenderness at the shoulders themselves but rather the upper back and all special tests of the shoulders were negative. Considering the lack of significant findings, the request for an MRI of the right shoulder is not medically necessary.