

<b>Case Number:</b>	CM14-0096020		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	02/07/2004
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 represented [REDACTED] employee who has filed a claim for chronic shoulder and elbow pain reportedly associated with an industrial injury of February 7, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy. In a Utilization Review Report dated May 27, 2014, the claims administrator denied a request for shoulder MRI imaging. The claims administrator based its denial on a May 15, 2014 progress note and associated May 19, 2014 request for authorization. These progress notes, however, were not incorporated into the Independent Medical Review packet. In a June 6, 2013 progress note, the applicant was described as having had an earlier shoulder MRI of June 6, 2012 demonstrating marked glenohumeral joint effusion. The applicant had a variety of multifocal shoulder, elbow, and wrist complaints with derivative psychological stressors, it was stated. The applicant did exhibit well-preserved, 5/5 left shoulder strength despite positive signs of internal impingement.

### 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 Official Disability Guidelines- Shoulder (updated 04/25/14) Magnetic Resonance Imaging (MRI)

**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, Table 9-6, page 214, routine MRI or arthrography for evaluation without surgical indications is "not recommended." In this case, the admittedly limited information on file, which is absent in the progress note or the request for authorization form on which the shoulder MRI was sought, does not make a compelling case for the shoulder MRI. There was no mention of the applicant's actively considering or contemplating any kind of surgical remedy involving the shoulder on the June 6, 2013 progress note, referenced above. Based on the information which is presently on file then, the request is not medically necessary.