

<b>Case Number:</b>	CM14-0203639		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	06/11/2003
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 pain reportedly associated with an industrial injury of June 11, 2003. In a Utilization Review Report dated November 3, 2014, the claims administrator denied a request for MRI imaging of the shoulder while conditionally denying 18 sessions of physical therapy and electrodiagnostic testing of the bilateral upper extremities. The claims administrator referenced progress notes of September 8, 2014 and August 4, 2014 in its determination. The applicant's attorney subsequently appealed. In a progress note dated November 3, 2014, the applicant reported a flare of rheumatoid arthritis with associated wrist, shoulder, and elbow stiffness. Methotrexate and folate were endorsed. The applicant's work status was not furnished. On August 4, 2014, the attending provider noted that the applicant presented with left shoulder impingement syndrome. MRI imaging of the shoulder was endorsed, along with electrodiagnostic testing of the bilateral upper extremities and 18 sessions of physical therapy. The applicant was placed off of work, on total temporary disability. The applicant did exhibit 5/5 left upper extremity strength, it was incidentally noted, along with 140 degrees of left shoulder flexion. The applicant apparently had complaints involving a variety of body parts, including the right shoulder, right arm, right hand, left hand, left shoulder, etc.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 214.

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, routine usage of MRI imaging and/or arthrography of the shoulder for evaluation purposes without surgical indications is deemed "not recommended." Here, there was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the proposed shoulder MRI and/or consider surgical intervention based on the outcome of the same. The multifocal nature of the applicant's complaints, which included the bilateral shoulders, bilateral hands, elbow, etc., strongly suggested that the MRI imaging at issue was, in fact, being performed for routine or evaluation purposes, with no intention of acting on the results of the same and/or pursuing any kind of surgical intervention. Therefore, the request is not medically necessary.