

<b>Case Number:</b>	CM14-0207398		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	10/27/2011
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 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 injured worker (IW) is a 33-year-old woman with a date of injury of October 27, 2011. The mechanism of injury was a motor vehicle accident. The injured worker's working diagnoses are status post cervical disc displacement C5-C6; and status post lumbar fusion/disk displacement, hybrid, November 2012. The only clinical note in the medical record in an Agreed Medical Evaluation (AME) dated July 16, 2013. The documentation does not contain any abnormal subjective or objective entries regarding the left shoulder. Physical therapy was addressed purely to the lumbar spine. There was no detailed examination with range of motion measurements, strength measurements or radiographs of the left shoulder. There is no documentation of conservative treatment to the left shoulder. The current request MRI left shoulder.

### 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 Chronic Pain Treatment Guidelines MRI.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Section, MRI

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI left shoulder is not medically necessary. The indications for MRI imaging of the shoulder are enumerated in the Official Disability Guidelines. The indications include, but are not limited to, acute shoulder trauma, suspect rotator cuff tear/impingement, over the age of 40, normal plane radiographs; sub-acute shoulder pain, instability/labral tear; repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms or findings suggestive of significant pathology. In this case, the injured worker's working diagnoses pursuant to a July 16, 2013 Agreed upon Medical Examination are status post cervical disc displacement C-5-C6; and status post lumbar fusion/disk displacement, hybrid, November 2012. The documentation does not contain any subjective or abnormal objective entries regarding the left shoulder. Physical therapy was addressed purely to the lumbar spine. There was no detailed examination with range of motion measurements, strength measurements or radiographs of the left shoulder. There is no documentation of conservative treatment to the left shoulder. Consequently, absent the appropriate clinical documentation, MRI left shoulder is not medically necessary.