

<b>Case Number:</b>	CM15-0004734		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 is a 29 year old male, who sustained an industrial injury on September 12, 2012. He has reported injury to the right shoulder and left foot. The diagnoses have included right shoulder impingement syndrome. Treatment to date has included chiropractic therapy, acupuncture, x-rays, electrodiagnostic studies, medications, home exercises, home stimulator, and work modifications. An MRI of the right shoulder was performed on September 30, 2014, which was unremarkable. On October 29, 2014, the treating physician noted constant right shoulder pain with radicular numbness and tingling. The physical exam revealed tenderness to palpation over the right anterior, posterior, and lateral deltoid, biceps tendon, acromioclavicular joint, and lateral acromium. The impingement, Neer, Hawkin's, and Empty-Can Supraspinatus tests were positive. The right shoulder range of motion was mildly decreased. The treatment plan included a steroid injection of the right shoulder and continuing the home stretching and strengthening. On December 30, 2014, Utilization Review non-certified a request for an MRI with 3D view of the right shoulder, noting the lack of documentation of required medical criteria to establish the medical necessity for a repeat MRI of the right shoulder. There was a lack of documentation of examination findings regarding the right shoulder. The California Medical Treatment Utilization Schedule (MTUS), ACOEM (American College of Occupational and Environmental Medicine) Guideline and Official Disability Guidelines (ODG) were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging) with 3D view of the right shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Chapter 9, Shoulder Complaints, Special Studies and Diagnostic Considerations, page 209.

**Decision rationale:** Per MTUS Treatment Guidelines, criteria for ordering imaging studies are, red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Clinical report does not demonstrate such criteria without identified acute flare-up, new injury, progressive clinical deterioration, or failed conservative treatment trial to support repeating the MRI study previous done demonstrating unremarkable pathology. The MRI (magnetic resonance imaging) with 3D view of the right shoulder is not medically necessary and appropriate.