

<b>Case Number:</b>	CM15-0107230		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	04/10/2014
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 29 year old male with an industrial injury dated 04/10/2014. The injured worker's diagnoses include shoulder pain status post surgery, impingement tendinitis, and glenohumeral ligament laxity. Treatment consisted of MRI of right upper extremity from May 2014, X-ray of shoulder, prescribed medications, and periodic follow up visits. In a progress note dated 04/15/2015, the injured worker presented for right shoulder pain. The injured worker rated current pain 4/10 with medications and an 8/10 without medications. The injured worker also reported that the physical therapy was very helpful and he would like to consider doing some more. Objective findings revealed positive Spurling's test, decrease range of motion with right shoulder abduction. Hawkin's, cross arm and O'Brien test were all noted positive on examination. The treatment plan consisted of physical therapy and diagnostic studies. The treating physician prescribed services for MRI of the right shoulder now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 209.

**Decision rationale:** According to MTUS guidelines, MRI of the shoulder is indicated in case of tumor, infection, ligament instability and rotator cuff injury. The patient has had an MRI of right upper extremity in May 2014. There is no significant change in symptoms and/or findings suggestive of new pathology. Therefore, the request for MRI of the right shoulder is not medically necessary.