

<b>Case Number:</b>	CM15-0133107		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	02/03/2015
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: Family Practice

### 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 46 year old female who sustained an industrial injury on February 3, 2015. She has reported neck pain and has been diagnosed with neck pain or cervicgia, cervical radiculopathy, thoracic pain, and right shoulder impingement. Treatment has included conservative measures. Cervical range of motion was decreased. Paraspinal muscles were moderately tender to palpation. Bilateral shoulders showed decreased range of motion. She had some pain with external rotation of her right shoulder. Lumbar range of motion was decreased. She has significant tenderness to palpation in the mid thoracic region. Straight leg raising was negative to the right and left at 90 degrees. The treatment request included a MRI of the right shoulder.

### 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:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**Decision rationale:** According to the ACOEM guidelines with regards to the shoulder, imaging may be considered for patients whose limitation is due to consistent symptoms that persist for one month or more, in cases when surgery is being considered for a specific anatomic defect or to further evaluate the possibility of potentially serious pathology such as a tumor. In this case, the injured worker remains symptomatic with positive objective findings that has not responded to conservative management. At this juncture, the request for advanced imaging studies is supported. The request for MRI of the Right Shoulder is medically necessary and appropriate.