

<b>Case Number:</b>	CM15-0133406		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	03/02/2012
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Arizona, 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 58-year-old female, who sustained an industrial injury on 3/2/2012. The mechanism of injury was from cutting materials with a blade. The injured worker was diagnosed as having right rotator cuff syndrome and right carpal tunnel syndrome. There is no record of a recent diagnostic study. Treatment to date has included acupuncture, chiropractic care, right shoulder injection and medication management. In a progress note dated 6/8/2015, the injured worker complains of right shoulder/elbow/wrist pain associated with weakness /numbness of the hand. Physical examination showed decreased cervical range of motion and painful range of motion of the right upper extremity. The treating physician is requesting right shoulder magnetic resonance imaging.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI right 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 (acute and chronic), MRI.

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

**Decision rationale:** According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. The claimant did not have acute rotator cuff tear findings. There was no plan for surgery. In this case, the claimant had an MRI in 2012 indicating an intact rotator cuff. There is more restriction in range of motion along with worsening adhesive capsulitis. Such findings can be alleviated with therapy and injections. The MRI request of the shoulder is not medically necessary.