

<b>Case Number:</b>	CM15-0160753		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	08/09/2012
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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:

This is a 55 year old female with an August 9, 2012 date of injury. A progress note dated July 14, 2015 documents subjective complaints (continues to make progress with motion after knee surgery; some pain in the knees intermittently; ongoing pain in the left shoulder), and objective findings (well healed surgical incision; decreased range of motion of the left knee; tenderness of the anterior and lateral left shoulder; pain with range of motion of the left shoulder; positive empty can, Neer's and Hawkins). Diagnoses related to the request were not included in the medical record. Treatments to date have included left total knee arthroplasty, cortisone injection to the left shoulder that resolved the pain for ten days, x-ray of the left shoulder that showed no acute findings, and medications. The treating physician documented a plan of care that included open magnetic resonance imaging of the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Open MRI of the left shoulder:** Upheld

**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): 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 and without clear specific evidence to support the diagnostic studies, medical necessity for shoulder MRI has not been established. The Open MRI of the left shoulder is not medically necessary or appropriate.