

<b>Case Number:</b>	CM15-0161268		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	09/12/2011
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: Preventive Medicine, Occupational 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:

This 60 year old woman sustained an industrial injury on 9-12-2011. The mechanism of injury is not detailed. Diagnoses include status post bilateral knee contusions, rule out internal derangement of the bilateral wrists, lumbar spine strain, cervicothoracic spine strain, left shoulder impingement syndrome, rule out internal derangement of the bilateral knees, right ankle sprain, and bilateral elbow arthralgia (resolved). Treatment has included oral medications. Physician notes on a PR-2 dated 7-27-2015 show complaints of bilateral knee pain rated 6 out of 10 with numbness and tingling, low back pain rated 6 out of 10 with radiation to the bilateral lower extremities, neck pain rated 6 out of 10 with radiation to the bilateral shoulders, left shoulder pain rated 7 out of 10 with radiation to the left elbow, right ankle pain rated 6 out of 10, and abdominal pain rated 7 out of 10. Recommendations include electromyogram and nerve conduction testing of the extremities; MRIs of the cervical and lumbar spine, right knee, left shoulder, left knee, and the bilateral wrists; physical therapy; anti-inflammatory medications; and follow up in four to six weeks. She has stated that she is adamant that she does not want any additional surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI left 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): 208.

**Decision rationale:** Although this individual would qualify for a left shoulder MRI if surgery was being contemplated, she is on record as stating she does not wish further surgery and there is no updated documentation that contradicts this. She has had therapy and shoulder injections with a recent x-ray of the shoulder which was negative. Surgery may be an option and MRI would be Guideline supported for anatomical evaluation prior to surgery, but she has declined this. With this individual declining further surgery, the request for the left shoulder MRI is not supported by Guidelines and is not medically necessary.