

<b>Case Number:</b>	CM15-0166194		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	09/29/2012
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: North Carolina

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 male, who sustained an industrial injury on September 29, 2012, incurring head, neck and right thigh injuries. Computed tomography and cervical Magnetic Resonance Imaging of the cervical spine revealed degenerative disc disease, stenosis and kyphosis with no acute injury. Computed tomography of the head showed hydrocephalus and had a right ventriculoperitoneal shunt performed in June, 2013. He was diagnosed with a closed head injury, concussion, intracerebral hemorrhage, hydrocephalus, cervical strain and right thigh contusion. Treatment included pain medications, anti-anxiety medications, antidepressants, proton pump inhibitor, physical therapy and restricted activities. The injured worker had not been able to return to work since his injuries occurred. Currently, the injured worker complained of persistent severe headaches and balance problems. He noted continued pain in his neck and left shoulder. He had good strength and normal sensation in the upper extremities. The treatment plan that was requested for authorization on September 3, 2015, included a 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:

**MRI of the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The ACOEM chapter on shoulder complaints and imaging studies states: Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems), Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon), Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)The provided documentation for review fails to meet the above criteria per the ACOEM. Therefore the request is not medically necessary.