

<b>Case Number:</b>	CM15-0192381		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	11/08/2013
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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 50 year old female, who sustained an industrial injury on 11-08-2013. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for lumbar radiculopathy status post microdiscectomy, right radial neuritis, and right shoulder pain. Treatment and diagnostics to date has included lumbar spine surgery, physical therapy, and medications. Current medications include Ibuprofen, Aciphex, and LidoPro topical solution. After review of the progress note dated 09-09-2015, the injured worker reported "some back pain following her surgery" and right shoulder pain. Objective findings included painful right shoulder with resisted abduction, positive empty can test, and point tenderness towards the acromioclavicular joint. The request for authorization dated 09-17-2015 requested MRI of the right shoulder. The Utilization Review with a decision date of 09-22-2015 denied the request for 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 for the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

**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 criteria as set forth above for imaging studies of the shoulder have not been met from review of the provided clinical documentation. There are no new physiologic or neurologic deficits and no red flags on exam. There is no planned invasive procedure mentioned. Therefore, the request is not medically necessary.