

<b>Case Number:</b>	CM15-0195409		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	06/25/2012
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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, Georgia  
 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 was a 49 year old female, who sustained an industrial injury, June 15, 2012. The injured worker was undergoing treatment for tendinitis of both shoulders with impingement. According to the progress note of July 14, 2015, the injured worker chief complaint was continued neck pain and stiffness radiating into the arms and hands with numbness and tingling in the hands. There was ongoing pain and stiffness to both shoulders. There were complaints of persistent pain, numbness and tingling to both wrists and hands worse on the left. The physical exam was essentially unchanged from that when last seen in the office. According to progress note of August 21, 2015, the injured worker's chief complaint was sharp pain in the left shoulder. The physical exam was unchanged. The treating physician was requesting a left shoulder MRI. The injured worker previously received the following treatments Tylenol, Zanaflex, Ibuprofen, Omeprazole and 19 Chiropractic sessions for bilateral shoulders. The RFA (request for authorization) dated August 24, 2015, the following treatments were requested a left shoulder MRI. The UR (utilization review board) denied certification on August 31, 2015; for a left shoulder MRI.

### 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 Low Back Complaints 2004, Section(s): Special Studies.

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

**Decision rationale:** ACOEM chapter on shoulder complaints describes that MRI is recommended for pre-operative evaluation of partial or full thickness rotator cuff tears. MRI is not recommended for routine investigation of the shoulder joint for evaluation without surgical indication. The submitted medical records do not describe a concern for rotator cuff tear and do not indicate any plan for surgical intervention. As such, shoulder MRI is not medically necessary.