

<b>Case Number:</b>	CM15-0203190		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	12/04/2013
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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, 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 55 year old female, who sustained an industrial injury on 12-04-2013. The injured worker is being treated for left shoulder sprain-strain, status post left shoulder surgery, left shoulder AC arthrosis, left shoulder tendinitis, left shoulder bursitis, left shoulder tenosynovitis, and left shoulder rotator cuff tear. Treatment to date has included medications. Per the Primary Treating Physician's Progress Report dated 8-11-2015, the injured worker presented for a follow-up visit. She reported shoulder pain, status-post surgery rated as 6 out of 10. Objective findings of the left shoulder included a well-healed surgical scar. There was tenderness at the delto-pectoral groove and at the insertion of the supraspinatus muscle. The notes from the provider do not document efficacy of the prescribed medications or current treatment. Work status was temporarily totally disabled. The plan of care included medications, shockwave therapy, referral to an orthopedic surgeon, electrodiagnostic testing, and magnetic resonance imaging (MRI) of the cervical spine, left shoulder, left elbow and left wrist. On 9-11-2015, Utilization Review non-certified the request for MRI left shoulder.

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

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

**Decision rationale:** CA MTUS/ACOEM Guidelines state that imaging may be considered for patients whose limitations due to consistent symptoms have persisted for a month or more or when surgery is being considered. In this case, the patient has had previous MRI and left shoulder surgery. However there is no evidence of a complete shoulder examination in the records submitted. There is no evidence that repeat surgery is being considered. The request for a repeat MRI post-operatively is not medically necessary and has not been established and is not appropriate at this time.