

<b>Case Number:</b>	CM15-0205499		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	08/05/2014
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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:

This 27 year old woman sustained an industrial injury on 8-5-2014. Evaluations include left shoulder x-rays dated 6-3-2015 and cervical spine MRI dated 11-6-2014. Diagnoses include cervical disc disease with radicular symptoms, left shoulder pain, and left rotator cuff syndrome. Treatment has included oral medications and physical therapy. Physician notes dated 6-3-2015 show complaints of pain in the neck and left shoulder, arm, and hand. The physical examination shows left shoulder range of motion noted to be forward flexion 170 degrees, abduction 170 degrees, positive abduction sign and a weakly positive impingement sign. A steroid injection was administered to the left shoulder during this visit. Recommendations include left shoulder MRI and Tramadol. Utilization review denied a request for left shoulder MRI on 9-23-2015.

### 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): Diagnostic Criteria, 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.