

<b>Case Number:</b>	CM15-0215748		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	01/04/2010
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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: Texas, California  
 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 51 year old, female who sustained a work related injury on 1-4-10. A review of the medical records shows she is being treated for left hand and right shoulder pain. In the progress notes dated 9-9-15 and the Doctor's First Report of Occupational Injury or Illness dated 9-17-15, the injured worker reports right shoulder pain. She rates her pain level a 5-6 out of 10. She reports left hand pain. She rates this pain level a 6-7 out of 10. On physical exam dated 9-17-15, no physical findings are documented. Treatments have included medications. Per the note dated 10/7/15 the patient had complaints of left hand pain at 6-7/10. The physical examination of the left elbow revealed tenderness on palpation, full ROM. The physical examination of the right shoulder on 10/7/15 was not specified in the records specified. The current medications include Tramadol. No notation on working status. The treatment plan includes requests for an MRI of the right shoulder and for medication. In the Utilization Review dated 9-30-15, the requested treatment of a MRI of the right shoulder is not medically necessary. Per the note dated 9/17/15 the patient had complaints of right shoulder pain at 5-6/10. The patient's surgical history includes right shoulder surgery on 2/15/12 and CTR. The patient sustained the injury due to a fall. The patient had received an unspecified number of PT visits for this injury. The patient has had a history of non displaced fracture of the left long finger. A recent detailed physical examination of the right shoulder was not specified in the records specified.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**MRI Right 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 10/26/15), Magnetic resonance imaging (MRI).

**Decision rationale:** Request: MRI Right Shoulder. According to ACOEM guidelines cited below, for most patients, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. 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). Indications that would require a shoulder MRI were not specified in the records provided. A recent detailed physical examination of the right shoulder was not specified in the records specified. Significant functional deficits on physical examination that would require a MRI of the Right Shoulder was not specified in the records provided. The patient did not have any evidence of severe or progressive neurologic deficits that were specified in the records provided. The patient has received an unspecified number of PT visits for this injury. The records submitted contain no accompanying current PT evaluation for this patient. A recent shoulder X-ray report is not specified in the records provided. The request for MRI Right Shoulder is not medically necessary.