

<b>Case Number:</b>	CM15-0217855		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	09/12/2015
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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 is a 51 year old male, who sustained an industrial injury on 9-12-15. The injured worker was diagnosed as having shoulder tendinitis and right lateral epicondylitis. Subjective findings (9-14-15, 9-18-15) indicated a gradual onset of right elbow, left shoulder and upper back pain. The injured worker rates his pain 6-8 out of 10. Objective findings (9-14-15, 9-18-15) revealed tenderness in the right upper trapezius and periscapular muscle with palpable spasm. Right shoulder range of motion was 90 degrees of flexion, 90 degrees of abduction, 40 degrees of external rotation and 50 degrees of internal rotation. As of the PR2 dated 10-7-15, the injured worker reports right shoulder and elbow pain. He is on modified work. Objective findings include right shoulder range of motion was 140 degrees of flexion, 120 degrees of abduction and 70 degrees of internal and external rotation. There is also a positive impingement sign and tenderness in the bicipital groove, supraspinatus and infraspinatus areas. Treatment to date has included physical therapy for the right shoulder x at least 6 visits, Cyclobenzaprine, Biofreeze and Naproxen. The Utilization Review dated 10-22-15, non-certified the request for a right shoulder MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) Right Shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 indicate any plan for surgical intervention. As such, shoulder MRI is not medically necessary.