

<b>Case Number:</b>	CM15-0034568		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	06/10/2008
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 35 year old male who reported an injury on 06/10/2008. Mechanism of injury is noted as a fall. Diagnosis includes post lumbar surgery V58.4, and shoulder strain 840.9. Treatments have included therapy, activity modification and medication. No diagnostics are provided. Surgical history includes an L4-S1 decompression with a 360 degree fusion in 2011. During the exams of 01/13/2015 and 12/02/2014, there are no notations of right shoulder complaints beyond a check-mark box by the injured worker of pain. There is no exam noted of the right shoulder during these clinical visits. In the documentation provided, the last actual exam of the right shoulder dates to 10/28/2014, in which the injured worker complained of numbness and tingling of the bilateral shoulders and upper extremities. The injured worker also complained of pain in the right shoulder with any overhead movements. The exam noted a positive Phalen with tingling in all right fingertips, and diffuse tenderness of the right shoulder. Range of motion was consistent bilaterally with extension 35 degrees, flexion and abduction at 135 degrees, adduction 30 degrees, internal rotation 80 degrees, and external rotation 75 degrees. Motor strength of the shoulder noted as intact. Medications are not listed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter, magnetic resonance imaging.

**Decision rationale:** The request was for an MRI of the right shoulder. The 10/28/2014 documentation made note of a prior MRI of the right shoulder, however there is no mention of the results, and no documentation in the subsequent visits that an attempt to gain this study had been made. No orthopedic tests for the right shoulder are present in the documentation provided. Per the guidelines as referenced, a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There is no indication that the injured worker meets any of the guidelines for this study. There are only vague subjective complaints of pain and a single reference to some minimal exam findings too remote to be of clinical significance. The request does not meet the recommendations as outlined in the guidelines, and therefore is not medically necessary.