

<b>Case Number:</b>	CM15-0042160		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	11/07/2012
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 57 year old male, who sustained an industrial injury on 11/07/2012. He reported a left foot, bilateral knees, bilateral shoulders, bilateral upper extremities, neck, and back injury. The injured worker is currently diagnosed as having left foot contusion with plantar fasciitis, right shoulder chronic pain, and cervical sprain/strain with disk disease. Treatment to date has included right shoulder MRI in 2009 and medications. In a progress note dated 02/09/2015, the injured worker presented with complaints of right shoulder symptoms. The treating physician reported requesting a repeat MRI of the right shoulder as he continues to be symptomatic.

### 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 ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (<http://www.odg-twc.com/odgtwc/shoulder.htm>>).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

**Decision rationale:** According to MTUS guidelines, MRI of the shoulder is indicated in case of tumor, infection, ligament instability and rotator cuff injury. There is no clinical evidence or documentation of one of the above diagnosis. Therefore MRI of the right shoulder is not medically necessary.