

<b>Case Number:</b>	CM15-0048258		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	06/17/2013
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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, Hawaii  
 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 44 year old, male patient, who sustained an industrial injury on 06/17/2013. A primary treating office visit dated 12/19/2014, reported chief complaint of left neck and shoulder pain. The patient continues to experience neck pain that radiates to left shoulder and scapula. He receives chronic pain medications from another provider for an unrelated issue. The assessment noted spinal stenosis in cervical region, multi-focal uncovertebral arthropathy and degenerative disc disease. The findings are most significant on the right at C4-5 and C5-6 and on the left at C6-7, mild central stenosis at C5-6 and no cervical cord myelopathy. The patient is to follow up in 6 weeks. Current medications consist of: Zolpidem, Fenobrate, Pantoprazole, Lisiniopril, Methadome, Endocet 10/325mg, Methocarbamol, Venlafaxine, Amytripyline, and Gabepentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging) of Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, Magnetic resonance imaging (MRI).

**Decision rationale:** The patient presents with neck and left arm pain and left shoulder pain and weakness. The current request is for MRI (magnetic resonance imaging) of left shoulder. The treating physician states 1/26/15 (C17) "We would like to get an updated MRI of his neck because of worsening neck and radicular arm pain and an MRI study of his left shoulder to rule out rotator cuff tear". MTUS Guidelines do not address MRI. The ODG state that for acute shoulder trauma an MRI is warranted for patients that are suspect for rotator cuff tear/impingement, are over the age of 40 and have normal plain radiographs. The treating physician has documented that the patient may have a rotator cuff tear, however, the clinical records submitted did not document that the patient has received an x-ray of the left shoulder. Therefore, recommendation is for denial. The request is not medically necessary.