

<b>Case Number:</b>	CM15-0055366		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	12/11/2009
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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, North Carolina  
 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 68 year old male, who sustained a work/ industrial injury on 12/11/09. He has reported initial symptoms of pain to regions of left knee, cervical and lumbar spine regions. The injured worker was diagnosed as having contusion chest wall/rib, contusion to knee, abrasion to ankle, leg, knee, and lumbar strain/strain. Treatments to date included medication, surgery (Left knee surgery in 2011), psychology, and diagnostics. Magnetic Resonance Imaging (MRI) was performed on 12/22/12 and 1/9/13. Currently, the injured worker complains of bilateral lumbar, bilateral foot, bilateral sacroiliac, bilateral cervical, left anterior and posterior shoulder, and bilateral knee pain. The report indicated there was numbness and tingling in the bilateral legs, knees, calves, and ankles as well as bilateral hands and wrists. There was also report of anxiety and stress. There was tenderness at the lumbar, sacral, left sacroiliac, right cervical dorsal, left clavicular, left anterior shoulder, and bilateral anterior knees and left medial joint line with crepitus and edema. Treatment plan included MRI of the Left Shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC, Shoulder Procedure Summary, MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

**Decision rationale:** The request is for an MRI of the shoulder. MTUS/ACOEM guidelines do not recommend routine MRIs of the shoulder. MTUS states, "Relying only on imaging studies to evaluate the source of shoulder symptoms carries a significant risk of diagnostic confusion (false positive results) because of the possibility of identifying a finding that was present before the symptoms began (for example, degenerative partial thickness rotator cuff tears), and therefore has no temporal association with the symptoms." This claimant had a previous MRI of the same shoulder on 01/09/2013; however the findings are not submitted. In the interim, the medical records do not demonstrate any red flags or significant deterioration in his shoulder symptoms to warrant a repeat MRI. Therefore, this request is not medically necessary or appropriate.