

<b>Case Number:</b>	CM15-0060883		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	03/12/2009
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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  
 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 58 year old male who sustained an industrial injury on 3/12/2009. His diagnoses, and/or impressions, include: displacement of intervertebral disc, unspecified, without myelopathy; adhesive capsulitis of the shoulder; brachia plexus lesions; and carpal tunnel syndrome. No current magnetic resonance imaging studies of the left shoulder are noted. His treatments have included acupuncture therapy: effective; an independent exercise program; and medication management. The progress notes of 2/6/2015, state that he is most symptomatic with left shoulder impingement and claims his left shoulder pain is partially relieved with medications. The physician's requests for treatments include a magnetic resonance imaging study of the left shoulder to rule-out left rotator cuff tear with retraction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Shoulder MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**Decision rationale:** The ACOEM chapter on shoulder complaints and imaging studies states: Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems), Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon), Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). The criteria as set forth above for imaging studies of the shoulder have not been met from review of the provided clinical documentation. There is no mention of planned invasive surgery. Therefore, the request is not certified or medically necessary.