

<b>Case Number:</b>	CM15-0080269		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	01/30/2014
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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  
Certification(s)/Specialty: Emergency 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 25 year old female who sustained an industrial injury on 1/30/14. The injured worker reported symptoms in the right shoulder and right upper extremity. The injured worker was diagnosed as having thoracic sprain/strain, right shoulder myoligamentous injury right wrist sprain/strain, left wrist sprain/strain, and left wrist tenosynovitis. Treatments to date have included wrist braces, nonsteroidal anti-inflammatory drugs, and hand therapy. Currently, the injured worker complains of pain in the right shoulder and right upper extremity. Exam reveals no swelling or bruising, full range of motion with tenderness to acromioclavicular joint and posterior shoulder. Cross arm and lift off positive. X-ray of shoulder dated 3/14/14 was reportedly normal. The plan of care was for a magnetic resonance imaging.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic resonance imaging of the right shoulder:** 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:** As per MTUS ACOEM Guidelines, imaging of shoulders should be considered when there are emergence of red flag (limb or life threatening) findings, evidence of loss of neurovascular function, failure to progress in strengthening program and pre-invasive procedure. Patient fails all criteria. There are no red flags or signs of loss of neurovascular function. There is no change in recent exam. There is no plan for surgery. Patient has not failed conservative care with no documentation of appropriate medications or therapy. Most of the therapy that patient has received involves hand and there is no documentation of any physical therapy on the shoulder or appropriate medication. MRI of right shoulder is not medically necessary.