

<b>Case Number:</b>	CM15-0083014		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	09/08/2010
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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 49 year old male, who sustained an industrial injury on 9/8/2010. He reported injury from a trip and fall. The injured worker was diagnosed as having anterior cervical discectomy and fusion on cervical 4-6 in 2011, posterior lumbar interbody fusion in 2012 and cervical 6-7 disc herniation. Magnetic resonance imaging of the cervical spine showed no evidence of cervical radiculopathy. Treatment to date has included surgery and medication management. In a progress note dated 2/25/2015, the injured worker complains of neck and low back pain and physical exam showed right shoulder tenderness at the acromioclavicular joint with positive impingement sign and difficulty raising arm past 90 degrees. In a progress note dated 4/2/2015, the injured worker complains of neck pain. Physical exam showed neck motion caused pain and muscle spasm. The treating physician is requesting right shoulder magnetic resonance imaging.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196, 207, 208-209.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 196.

**Decision rationale:** The request is for an MRI of the right shoulder in a patient with neck pain and muscle spasm and tenderness of the right AC joint with some mild limitation in ROM. ACOEM guidelines state that special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. Criteria for imaging studies include: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. The claimant does not meet these criteria. There are no red flags or physical findings indicating the need for an MRI. There is no documentation of plain films of the shoulder. There is no documentation of failure of conservative treatment, including PT. Thus this request for an MRI of the shoulder is deemed not medically necessary.