

<b>Case Number:</b>	CM15-0086123		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	01/13/2013
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 60 year old female with an industrial injury dated 01/13/2013. The mechanism of injury is documented as a fall with injury to her right shoulder, lower back and both feet. Her diagnoses included status post arthroscopic revision, subacromial decompression and debridement (right shoulder) in October 2014, compensatory cervicgia and compensatory rotator cuff tendinopathy, left shoulder. Prior treatments included aquatic therapy, physical therapy, anti-inflammatories and pain patches. She presents on 04/13/2015 with complaints of pain in left shoulder. Physical exam revealed increased tone throughout the cervical paraspinal musculature. The left shoulder was able to actively forward flex 120 degrees, abduction was 110 degrees and external rotation was 40 degrees with some compensatory posturing and positive impingement. An injection of a steroid was given in the left shoulder which the injured worker stated provided some relief. The treatment plan consisted medication, in home physical therapy and 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): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI).

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

**Decision rationale:** The ACOEM Chapter 9 on Shoulder indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support the request for a repeat MRI of the left shoulder. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.