

<b>Case Number:</b>	CM15-0234679		
<b>Date Assigned:</b>	12/10/2015	<b>Date of Injury:</b>	02/16/2012
<b>Decision Date:</b>	01/13/2016	<b>UR Denial Date:</b>	11/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 44 year old female, who sustained an industrial injury on 2-16-2012. The medical records indicate that the injured worker is undergoing treatment for chronic neck pain, cervical radiculopathy, chronic left shoulder pain, and left shoulder arthroscopy. According to the progress report dated 10-6-2015, the injured worker presented with complaints of ongoing neck and left shoulder pain. On a subjective pain scale, she rates her pain 6 out of 10. The physical examination of the left shoulder reveals moderate tenderness to palpation over the anterior shoulder, mildly limited range of motion, and positive impingement sign. The current medications are Tramadol and Naprosyn. Previous diagnostic studies include x-rays of the left shoulder. Treatments to date include medication management, physical therapy, chiropractic, acupuncture, epidural steroid injection, and surgical intervention. The treatment plan included MRI of the cervical spine and left shoulder. The original utilization review (11-10-2015) had non-certified a request for 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:

**Left shoulder MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The request in this injured worker with chronic pain is for a MRI of the left shoulder. The records document a physical exam with reduction in range of motion and tests positive for possible impingement but no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects such as a rotator cuff tear and may be utilized in preparation for an invasive procedure. In the absence of physical exam evidence of red flags, a MRI of the left shoulder is not medically indicated. The medical necessity of a shoulder MRI is not substantiated in the records. The request is not medically necessary.