

<b>Case Number:</b>	CM14-0114822		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	08/01/2008
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records, presented for review, indicate that this 48 year old female was reportedly injured on August 1, 2008. The mechanism of injury was noted as a repetitive stress type situation. The most recent progress note, is a Qualified medical evaluators (QME) report dated January 24, 2012. This three year old assessment indicates that there were ongoing complaints of bilateral upper extremity numbness and tingling. The history is significant for bilateral carpal tunnel syndrome surgical release. The physical examination demonstrated a 5' 3" and, 143 pound individual who was normotensive, cervical spine range of motion was noted to be full, good strength testing was equal bilaterally, deep tendon reflexes were noted to be 2+ symmetrical, motor function strength of the bilateral upper extremities was 5/5, and no atrophy was noted. Diagnostic imaging studies were not presented. Previous treatment included medications, surgical intervention, and pain management techniques. A request was made for MRI of the right shoulder and was not certified in the preauthorization process on June 18, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI scan of the right shoulder:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): Shoulder Complaints-Diagnostic Investigations (Electronically Cited).

**Decision rationale:** The only medical records presented for review is more than three years old. As such, there is insufficient clinical information presented to support this request. Furthermore, MRI evaluation without surgical indications is not indicated. Therefore, based on the clinical information presented for review, this is not medically necessary.