

<b>Case Number:</b>	CM14-0118023		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/25/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 53-year-old female was reportedly injured on October 25, 2012. The mechanism of injury is stated to be repetitive motion. The most recent progress note, dated July 3, 2014, indicates that there are ongoing complaints of neck pain, elbow pain, thumb pain, and shoulder pain. Current medications include naproxen and Prilosec. The physical examination is hand written and difficult to read. A physical examination dated February 17, 2014, indicates spasms and guarding of the trapezius muscles and pain with cervical spine range of motion. There was impingement signs of both shoulders with a positive Neer's and Hawkins test. Examination of the hands revealed tenderness of the A1 pulleys of both thumbs with triggering. There was a positive Phalen's test and Durkins test bilaterally Diagnostic imaging studies are unknown. Previous treatment includes physical therapy. A request had been made for an MRI arthrogram of the left shoulder and was not certified in the pre-authorization process on July 15, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI ARTHROGRAM LEFT 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): 207.

**Decision rationale:** A review of the attached medical record indicates that the injured employee has previously participated in 18 visits of physical therapy however the efficacy of these sessions is unknown. Progress notes do not indicate any suspicion of a rotator cuff tears, labral tears or other shoulder pathology. Considering this, the request for an MRI arthrogram of the Left Shoulder is not medically necessary.