

<b>Case Number:</b>	CM14-0148176		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	04/06/2011
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 43 year old male with a date of injury of 04/06/2011 from an unspecified mechanism of injury. His diagnoses include chronic impingement of the left shoulder. His past treatment has included medication for pain. On 07/31/2014, the injured worker reported bilateral shoulder pain, rated 7/10. Upon physical examination of the left shoulder, the injured worker was noted to have mild tenderness of the scapula region, negative impingement signs, and normal motor strength and range of motion. His listed medications were Hydrocodone/Acetaminophen, Ibuprofen, and Dronabinol. The treatment plan included work restrictions, medication refills, and an orthopedic surgical referral for the right shoulder. A request was received for MRI for the left shoulder. However, the rationale for this request was not addressed in the medical record. The Request for Authorization Form was not included in the record.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI for the left shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** According to the ACOEM Guidelines, the primary criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or for clarification of the anatomy prior to an invasive procedure. The clinical information submitted for review failed to include a rationale for the requested MRI of the left shoulder, and the injured worker was not shown to have red flags or failure of conservative treatment for the left. There were also no significant findings on physical examination suggestive of tissue insult or neurovascular dysfunction and there was no evidence of a plan for surgery or other invasive procedure for the left shoulder. Based on the above, the criteria for imaging of the shoulder have not been met. As such, the request is not medically necessary and appropriate.