

<b>Case Number:</b>	CM14-0195097		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	05/23/2014
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 47 year old male with date of injury 5/23/14. The mechanism of injury is stated as a fall. The patient has complained of left shoulder pain since the date of injury. He has been treated with physical therapy and medications. There are no radiographic data included for review. Objective includes decreased and painful range of motion of the left shoulder. Diagnoses shoulder pain. Treatment plan and request includes a 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 Left Shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Complaints Page(s): 208.

**Decision rationale:** This 47 year old male has complained of left shoulder pain since date of injury 5/23/14. He has been treated with physical therapy and medications. The current request is for MRI of the left shoulder. Per the MTUS guideline cited above, imaging may be considered for a patient whose limitations due to consistent symptoms have persisted for one month or more; and in specific cases where surgery is being considered for a specific anatomic defect.

There is no documentation in the available medical records supporting an anatomic defect nor is there discussion or documentation of surgical consultation or an impending procedure. On the basis of the available medical documentation and the above cited MTUS guidelines, MRI of the shoulder is not medically necessary.