

<b>Case Number:</b>	CM14-0203331		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	04/09/2013
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 41 year-old woman who sustained a work-related injury on April 9, 2013. Subsequently, the patient developed a chronic right shoulder pain. According to a progress report dated on October 1, 2014, the patient was complaining of ongoing shoulder and neck pain with severity rated 5/10 . The patient physical examination demonstrated cervical tenderness with reduced range of motion and right shoulder pain with reduced range of motion. The patient underwent right shoulder surgery with the physical therapy acupuncture without pain control with right shoulder weakness. The patient was diagnosed with . The patient was treated with pain medications, physical therapy and chiropractic treatment without for pain control and functional improvement. The provider requested authorization for an MRA of right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRA, Right 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): 214.

**Decision rationale:** According to MTUS guidelines, MRI of the shoulder is recommended in case of rotator cuff tear, impingement syndrome, tumors and infections. There is no documentation file of any of the above pathologies in this case. There is no documentation of the outcome for any recent physical therapy. Therefore, the request for MRA Right Shoulder is not medically necessary.