

<b>Case Number:</b>	CM14-0210759		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	11/30/2000
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Utah, Arkansas  
 Certification(s)/Specialty: Family Practice

### 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 67 year-old male. The patient's date of injury is 10/30/2000. The mechanism of injury was a fall down stairs. The patient has been diagnosed with neck pain, back pain, bilateral shoulder pain, bilateral hip pain, and bilateral knee pain. The patient's treatments have included surgical intervention, injections, physical therapy, imaging studies, and medications. The physical exam findings dated 12/4/2014 shows L thumbs tip intact for sensation, L lateral shoulder, Left long tip and small tip are diminished. The patient's medications have included, but are not limited to, Amlodipine, Carisoprodol, Colace, Fish oil, Omeprazole, HCTZ-triamterene, Senna, Tramadol, Venlafaxine and Vitamin D. The request is for an MRI of the Right Shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Right Shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 9 - Shoulder Complaints, Special Studies Page(s): 207-208.

**Decision rationale:** California MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for MRI right shoulder. According to the clinical documents, the patient does not meet criteria for a shoulder MRI including, but not limited to, red flag symptoms, neurological dysfunction, failure to progress a strengthening program intended to avoid surgery or clarification of the anatomy prior to a surgical procedure. According to the clinical documentation provided and current MTUS guidelines; MRI: right shoulder - is not indicated as a medical necessity to the patient at this time.