

<b>Case Number:</b>	CM15-0102260		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	08/19/2011
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: California, North Carolina  
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 injured worker (IW) is a 60-year-old female who sustained an industrial injury on 08/19/2011. Diagnoses include pain in joint-shoulder region, trigger finger and thoracic sprain/strain. Treatment to date has included medications, activity modification, chiropractic treatment, physical therapy and occupational therapy. According to the PR2 dated 3/19/15 the IW reported shoulder pain for which another provider had placed her on limited duty. She voiced no complaints concerning the left middle finger. X-rays of the bilateral shoulders were negative in 2011. A request was made for 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 of the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

**Decision rationale:** The patient injured her hand in 2011 and has not worked since this time. A visit on 10/10/2014 made no mention of shoulder complaints. She underwent a recent right middle trigger finger release. In regards to her right shoulder pain, there are no red flags indicating the necessity of an MRI. There are no clinical findings suggesting shoulder dysfunction documented. There is also no indication of a failed conservative program for the shoulder. In sum, the criteria for imaging are not met, and this request is deemed not medically necessary at this time.