

<b>Case Number:</b>	CM15-0105560		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	05/05/2011
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55 year old female who sustained an industrial injury on 05/05/11. Initial complaints and diagnoses are not available. Treatments to date include medications, conservative care, and shoulder manipulation. Diagnostic studies include a MRI of the right shoulder. Current complaints include right shoulder pain, neck and middle back pain stiffness. Current diagnoses include thoracic strain, shoulder impingement, and shoulder sprain/strain. In a progress note dated 12/02/14 the treating provider reports the plan of care as nerve conduction studies of the bilateral upper extremities, x-rays of the cervical and thoracic spine and right shoulder, an MRI of the cervical spine, a MR Arthrogram of the right shoulder, and a cervical spine pillow. Exam showed functional shoulder range of motion. The requested treatments include a retrospective 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:

**Retrospective request: MRI of the right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Magnetic resonance imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 9, Shoulder Complaints, Special Studies and Diagnostic Considerations, page 209.

**Decision rationale:** Per MTUS Treatment Guidelines, criteria for ordering imaging studies are, red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Clinical report does not demonstrate such criteria without identified acute flare-up, new injury, progressive clinical deterioration, or failed conservative treatment trial to support repeating the MRI study previous done demonstrating pathology consistent with exam findings. The Retrospective request: MRI of the right shoulder is not medically necessary and appropriate.