

<b>Case Number:</b>	CM15-0010223		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	07/19/2009
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: Texas, California  
 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 is a 28 year old female, who sustained an industrial injury on 7/19/2009. Diagnoses have included shoulder and upper arm strain and shoulder impingement. Treatment to date has included acupuncture and medication. According to the progress report dated 6/11/2014, the injured worker had completed two acupuncture sessions with significant relief. Objective findings revealed tenderness to palpation over the right trapezius. Range of motion was limited by pain. The treatment plan was for Relafen and Lidocaine patches. On 9/15/2014, the injured worker noted that her condition had not improved dramatically. The patient has had difficulty in ROM, tenderness on palpation, 4/5 strength and normal sensory examination. She reported that her shoulder prevented her from engaging in numerous activities of daily living. Authorization was requested for magnetic resonance imaging (MRI) of the right shoulder. Patient has received an unspecified number of acupuncture visits for this injury.

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

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

**Decision rationale:** Request: MRI of the right shoulder. According to ACOEM guidelines cited below, "for most patients, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out." Criteria for ordering imaging studies are: Emergence of a red flag; e.g., indications of intra abdominal or cardiac problems presenting as shoulder problems; physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)." Any of these indications that would require a shoulder MRI were not specified in the records provided. A recent detailed clinical evaluation note of treating physician was not specified in the records. A detailed recent physical examination of the right shoulder was not specified in the records provided. Patient did not have any evidence of severe or progressive neurologic deficits that were specified in the records provided. The details of PT or other types of therapy done since the date of injury were not specified in the records provided. A detailed response to previous conservative therapy was not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. A recent right shoulder X-ray report is not specified in the records provided. The medical necessity of the request for MRI of the right shoulder is not fully established in this patient.