

<b>Case Number:</b>	CM15-0118192		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	07/29/2014
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Emergency Medicine

### 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 44 year old male who reported an industrial injury on 7/29/2014. His diagnoses, and/or impressions, are noted to include: cervical and thoracic spine strain; and right shoulder strain. X-rays of the right shoulder, and cervical and thoracic spine were said to have been done on 10/27/2014, and reviewed on 12/22/2014; no current imaging studies are noted. His treatments are noted to include consultations; diagnostic studies; medication management with toxicology screenings; and rest from work. The history notes the request for magnetic resonance imaging results of the cervical and thoracic spine, and right shoulder, back on 11/19/2014, and the referral to a specific doctor due to the injured worker wishing to proceed with right shoulder surgery. The orthopedic progress notes of 3/4/2015 reported a follow-up evaluation for continued complaints of right shoulder and cervical/thoracic spine pain. Objective findings were noted to include diminished sensation to the right lateral shoulder, right dorsal thumb web, right small tip & right long tip, with the physician's requests for treatments to include magnetic resonance imaging studies of the right shoulder. The orthopedic re-evaluation on 4/14/2015 noted impressions which included positive impingement signs with weakness, torn sub-scapularis muscle with retraction in the right shoulder, and tendinitis of the right shoulder with recommended surgery supported by a stated magnetic resonance arthrogram 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:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196, 207-209.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** The requested MRI right shoulder is not medically necessary. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations, page 207-209, recommend an imaging study of the shoulder with documented exam evidence of ligament instability, internal derangement, impingement syndrome or rotator cuff tear, after failed therapy trials. The injured worker has right shoulder and cervical/thoracic spine pain. Objective findings were noted to include diminished sensation to the right lateral shoulder, right dorsal thumb web, right small tip & right long tip, with the physician's requests for treatments to include magnetic resonance imaging studies of the right shoulder. The orthopedic re-evaluation on 4/14/2015 noted impressions which included positive impingement signs with weakness, torn subscapularis muscle with retraction in the right shoulder, and tendinitis of the right shoulder with recommended surgery supported by a stated magnetic resonance arthrogram of the right shoulder. The treating physician has not documented evidence of an acute clinical change since the previous imaging studies. The criteria noted above not having been met, MRI right shoulder is not medically necessary.