

<b>Case Number:</b>	CM15-0121935		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	04/30/2013
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 36 year old male who sustained an industrial injury on April 30, 2013. He has reported shoulder pain and has been diagnosed with Qi stagnation and blood stasis caused by traumatic injuries and prolonged chronic illness. Obstructed Qi flow led to blood stasis and produced pain, liver Qi stagnation caused by repressed emotions, frustration, anger, and depression, and prolonged Qi stagnation restricts the supply of the Qi and blood and aggravated the pain. Treatment has included medications, medical imaging, surgery, injection, hot and cold, and acupuncture. The injured worker stated that he did not have any significant changes with acupuncture treatments and that there was moderate pain in the right shoulder and neck. There was more tingling and numbness in his right hand the night prior. The treatment request included a MR 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:

**MR arthrogram of the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, MR arthrogram.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 195-224.

**Decision rationale:** The request in this injured worker with chronic pain is for a MR arthrogram of the shoulder. There are no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects such as a rotator cuff tear and may be utilized in preparation for an invasive procedure. In the absence of any evidence of red flags, a MRI of the right shoulder is not medically indicated. The medical necessity of a right shoulder MR arthrogram is not substantiated in the records. Therefore, the request is not medically necessary.