

<b>Case Number:</b>	CM15-0129747		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	01/11/2012
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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 Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 43 year old woman sustained an industrial injury on 1/11/2012 due to cumulative trauma. Diagnoses include status post right shoulder surgery, right wrist and hand sprain/strain rule out tendinitis and carpal tunnel syndrome, right elbow sprain/strain rule out lateral epicondylitis, cervical herniated discs, lumbar spine sprain/strain rule out herniated disc with radiculitis/radiculopathy, and cervical spine radiculopathy. Treatment has included oral medications and cervical spine epidural steroid injections. Physician notes dated 5/15/2015 show complaints of cervical spine pain rated 5/10 and right shoulder pain. Recommendations include an updated cervical spine MRI, right shoulder MRI, and follow up in six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**MRI of right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

**Decision rationale:** According to MTUS guidelines, MRI of the shoulder is indicated in case of tumor, infection, ligament instability and rotator cuff injury. There is no clinical evidence or documentation of one of the above diagnosis. Therefore, MRI of the right shoulder is not medically necessary.