

<b>Case Number:</b>	CM15-0035360		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	12/17/2007
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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: 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 54 year old male, who sustained an industrial injury on November 21, 2010. He reported right forearm, wrist and hand pain, left shoulder pain and right knee pain. The injured worker was diagnosed as having status post right wrist arthroscopy with significant pain and stiffness, left shoulder impingement syndrome, enthesopathy of the knee and hearing loss. Treatment to date has included diagnostic studies, radiographic imaging, right wrist surgery, physical therapy, medications, and work restrictions. Currently, the injured worker complains of continued left shoulder pain. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation in August, 2013, revealed continued pain as noted. Magnetic resonance imaging of the left shoulder was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI left shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 204-208.

**Decision rationale:** According to the guidelines it states an MRI of the shoulder should be done only if there is consideration for surgery, possibility of a tumor, or other serious pathology. According to the medical records there is no documentation providing this and thus is not medically necessary.