

<b>Case Number:</b>	CM15-0062336		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	10/28/2008
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 53-year-old [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 28, 2008. In a Utilization Review report dated March 30, 2015, the claims administrator failed to approve a request for shoulder MRI imaging. The claims administrator referenced a RFA form received on March 18, 2015 in its determination. The applicant's attorney subsequently appealed. On March 12, 2015, the applicant reported ongoing complaints of bilateral shoulder, bilateral knee, elbow, and right ankle pain. The applicant was using a cane to move about. It was suggested that the applicant could be a candidate for total knee arthroplasty owing to issues with extensive, severe knee arthritis. Viscosupplementation injection therapy was proposed. Updated MRI imaging of the shoulder was also sought on the grounds that the applicant was applying excess pressure to the shoulder by using a cane with that arm. The applicant exhibited 155 degrees of shoulder flexion and abduction with positive signs of internal impingement also noted about the same. The applicant was no longer working and had retired, it was acknowledged. The attending provider did not, however, state how "updated" shoulder MRI would influence or alter the treatment plan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 MRI (magnetic resonance imaging) of the left shoulder without contrast: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

**Decision rationale:** No, the proposed left shoulder MRI was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of MRI imaging or arthrography for evaluation purposes without surgical indications is deemed "not recommended." Here, the attending provider's progress note of March 12, 2015 seemingly suggested that MRI of the shoulder was being proposed for routine evaluative purposes, with no clearly formed intention of acting on the results of the same. The attending provider seemingly suggested that he was intent on obtaining shoulder MRI imaging for evaluative purposes, with no intention of acting on the results of the same. Therefore, the request was not medically necessary.