

<b>Case Number:</b>	CM15-0069463		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	02/18/2014
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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

Certification(s)/Specialty: Internal 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 55 year old female who sustained an industrial injury on 2/18/14. The injured worker reported symptoms in the spine. The injured worker was diagnosed as having cervical spine strain/sprain, lumbar spine strain/sprain, right and left shoulder impingement, left peroneal tendinitis and bruxism. Treatments to date have included nonsteroidal anti-inflammatory drugs, activity modification, and chiropractic treatments. Currently, the injured worker complains of discomfort in the cervical and lumbar spine. The plan of care was for diagnostics and a follow up appointment at a later date.

### 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:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: MRI of the shoulder.

**Decision rationale:** ODG states that an MRI of the shoulder is indicated for the evaluation of acute shoulder trauma, suspected rotator cuff tear/impingement, in patients over 40 with plain radiographs, subacute shoulder pain, and suspected instability/labral tear. There is no documentation provided necessitating the requested MRI of the right shoulder. The claimant has had complaints of bilateral shoulder pain with evidence of impingement. There is no documentation of any positive drop test, positive Hawkins or Neer signs consistent with an acute rotator cuff tear. There has been no formal physical therapy or reported injection therapy. Medical necessity for the requested MRI study has not been established. The requested service is not medically necessary.