

<b>Case Number:</b>	CM15-0071524		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	09/05/2014
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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, Indiana, 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 female, who sustained an industrial injury. The date of injury was conflicting it was documented at 8/31/14 and 9/5/14. The injured worker has complaints of bilateral arm pain. The diagnoses have included left carpal tunnel syndrome; left wrist strain; left forearm strain; right shoulder strain and right upper arm strain. Treatment to date has included left forearm and wrist X-rays were negative; physical therapy; motrin and modified work status. The request was for right shoulder magnetic resonance imaging (MRI) without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder MRI without contrast:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Section, MRI.

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI right shoulder without contrast is not medically necessary. MRI and arthrography have similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. The indications for magnetic resonance imaging are rated in the Official Disability Guidelines. They include, but are not limited to, acute shoulder trauma, suspect rotator cuff tear/impingement, over the age of 40, normal plain radiographs; subacute shoulder pain, suspect instability/labral tear. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and or findings suggestive of significant pathology. In this case, the injured worker's working diagnoses are left wrist strain; left forearm strain; right shoulder strain; and right upper arm strain. Subjectively, according to a February 4, 2015 progress note (not the requesting physician), the injured worker has complaints of bilateral arm pain. The VAS pain scale is 8/10. There are no specific references of right or left shoulder pain. The documentation includes the upper arm, left forearm and hand. Objectively, the examination is limited to the bilateral arms. Range of motion (full of the shoulders) shows 110 of forward flexion on the right and 100 on the left. There is 90 of abduction on the right and 120 on the left. There is pain in all limits of movement. The treatment plan does not contain a magnetic resonance imaging scan. There were no progress notes or documentation from the requesting physician (██████████) in the medical record. There is no clinical indication or rationale for a MRI scan of the right shoulder. There were no plain radiographs of the affected shoulder. Consequently, absent clinical documentation with a clinical indication and rationale and plain x-rays of the affected shoulder(s), MRI of the right shoulder without contrast is not medically necessary.