MAXIMUS Federal Services

| Case Number: | CM15-0074285 | | |
|---|---|---|---|
| Date Assigned: | 04/24/2015 | Date of Injury: | 09/19/2013 |
| Decision Date: | 05/21/2015 | UR Denial Date: | 03/30/2015 |
| Priority: | Standard | Application Received: | 04/20/2015 |

## 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: North Carolina
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 36-year-old female injured worker suffered an industrial injury on 09/19/2013. The diagnoses included lumbar degenerative disc disease, thoracic spondylosis, partial tear of rotator cuff, and internal derangement of the knee. The injured worker had been treated with medications. On 3/16/2015, the treating provider reported right shoulder pain rated as7/10. There was tenderness in the lumbosacral area and right shoulder. The right shoulder had reduced range of motions and the straight leg raise was positive. The treatment plan included MRI of the right shoulder.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right shoulder:** Upheld

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

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

**Decision rationale:** The ACOEM chapter on shoulder complaints and imaging studies states: Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems). Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud'sphenomenon). Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). The provided clinical documentation for review does not meet criteria as outlined above for shoulder MRI. Therefore, the request is not medically necessary.