

<b>Case Number:</b>	CM15-0091849		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	12/18/2014
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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, Florida, 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:

This is a 58 year old female with a December 18, 2014 date of injury. A progress note dated February 25, 2015 documents subjective findings (severe neck and bilateral shoulder pain with limited range of motion as well as lower back pain), objective findings (diffuse tenderness in the posterior cervical musculature; pain with any attempt at full range of motion; positive shoulder impingement signs; full pain-free range of motion of both elbows, wrists, and small joints of the hands; muscle and strength testing normal; sensation to light touch intact; symmetrical deep tendon reflexes), and current diagnoses (rule out cervical disc injury; recurrent right shoulder impingement; rule out rotator cuff tear; left shoulder chronic impingement, rule out rotator cuff tear; rule out lumbar disc injury). Treatments to date have included right shoulder surgery, computed tomography of the lumbar and cervical spine, physical therapy, and medications. The treating physician documented a plan of care that included a magnetic resonance imaging of the left shoulder.

### 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 Page(s): 207. Decision based on Non-MTUS Citation Official Disability Guidelines, Magnetic resonance imaging (MRI).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, under MRI.

**Decision rationale:** This claimant was injured in December 2014. There are subjective findings noted in February. There is tenderness and pain with attempts at full range of motion of the shoulder. There are positive shoulder impingement signs. Plain x-rays are not noted. The MTUS was silent on shoulder MRI for less acute situations. Regarding shoulder MRI, the ODG notes it is indicted for acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs or for subacute shoulder pain, suspect instability/labral tear. It is not clear what orthopedic signs point to a suspicion of instability or tearing, or if there has been a significant progression of objective signs in the shoulder to support advanced imaging. The request is not medically necessary and appropriately not certified.