

<b>Case Number:</b>	CM15-0093033		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	05/29/2014
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 50-year-old female, who sustained an industrial injury on 5/29/14. She reported bilateral shoulder pain. The injured worker was diagnosed as having rotator cuff syndrome of the right shoulder, bursitis and tendinitis of the left shoulder, and aftercare for surgery of the musculoskeletal system right shoulder. Treatment to date has included right shoulder surgery on 12/2/14, Cortisone injections in bilateral shoulders, physical therapy, and a home exercise program. Currently, the injured worker complains of bilateral shoulder pain. The treating physician requested authorization for a 3D MRI of the right shoulder with contrast. The treating physician noted the injured worker shows red flags of severe pain and limited active range of motion after surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3D MRI of the right shoulder with contrast:** Upheld

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

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

**Decision rationale:** According to MTUS guidelines, MRI of the shoulder is recommended in case of rotator cuff tear, impingement syndrome, tumors and infections. There is no documentation file of any of the above pathologies. Therefore, the request for 3D MRI of the right shoulder with contrast is not medically necessary.