

<b>Case Number:</b>	CM15-0097218		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	03/10/2000
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 65-year-old female who sustained a work related injury March 10, 2000. According to an orthopedic physician's office visit, dated April 28, 2015, the injured worker presented with a flare-up of her left shoulder pain. She reports the pain down from her neck to the shoulder and down her arm. Physical examination revealed her left arm is very stiff and she is rubbing her neck and shoulder. In addition, the physician reports a possible acute herpes zoster in the left arm. This is separate from the shoulder pain however, which is neck/rotator cuff in distribution and quality. Impression is documented as cervical pain syndrome, chronic, with exacerbation; rotator cuff tendinitis, left; chronic pain syndrome. Treatment plan included a prescription for Norco. At issue, a request for authorization form, dated May 7, 2015, requests an MRI 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 of the left shoulder quantity: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI).

**Decision rationale:** The claimant has a history of a work injury occurring in March 2000. When seen, she was having a flare up of left shoulder pain. She was noted to be holding her left arm. She appeared stiff and was rubbing her neck and shoulder. Diagnoses included left rotator cuff tendinitis. Indications for obtaining an MRI of the shoulder include the presence of 'red flags' such as suspicion of cancer or infection or, with subacute shoulder pain, when instability or a labral tear is suspected. In this case, there are no identified 'red flags' and no reported complaints or physical examination findings that suggest instability or labral pathology. Therefore, the requested left shoulder MRI is not medically necessary.