

<b>Case Number:</b>	CM14-0150168		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	02/13/2014
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 46-year-old female who reported an injury on 02/13/2014. The mechanism of injury was the injured worker slipped and fell on a slippery floor in the kitchen. The injured worker's medications were noted to include tramadol 150 mg and Anaprox 550 mg. Other diagnostic studies included an MRI of the left knee. The surgical history was not provided. There was no Request for Authorization submitted for the requested MRI. The documentation of 08/21/2014 revealed the injured worker's left shoulder was continuing to bother her. The physical examination revealed the injured worker had limited range of motion with positive impingement signs on Neer's and Hawkins' testing. The diagnoses included degenerative tearing of the medial meniscus and left shoulder impingement. The treatment plan included a second Orthovisc injection and an MRI of the left shoulder. There was no rationale or Request for Authorization submitted to support the request.

### 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. Decision based on Non-MTUS Citation Official Disability Guidelines, Magnetic Resonance Imaging (MRI)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 207-209.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicate that for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. The clinical documentation submitted for review failed to provide documentation of the conservative care that was participated in for the left shoulder and the response to therapy. Given the above and the lack of documentation, the request for an MRI of the left shoulder is not medically necessary.