

<b>Case Number:</b>	CM14-0154738		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	08/29/2009
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Internal Medicine and is licensed to practice in California. 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 35-year-old female who reported an injury on 08/28/2009. The mechanism of injury was when a box fell on the patient. The diagnoses included right shoulder impingement, right shoulder partial tendon tear, right shoulder rotator cuff tendonitis, and right shoulder pain. Previous treatments included medication, physical therapy, injections, and x-rays. The clinical note dated 07/23/2014, it was reported the injured worker complained of shoulder pain. She rated her pain 7/10 in severity. She had no radiation of pain down her arm. She did complain of cramping, numbness, tension, and waking up at night due to pain. She reported inability to sleep on her right shoulder. Upon the physical examination, the provider noted the range of motion of the upper extremity was abduction at 180 degrees on the left and 85 degrees on the right with discomfort. The provider noted the injured worker was unable to reach on the right. There was a positive impingement on the right side and negative on the left side. The injured worker also had a positive Speed's test on the right and negative on the left. There was tenderness to palpation along the rotator cuff and biceps tendon on the right. The provider requested an MRI of the right shoulder. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

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

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

**Decision rationale:** California MTUS/ACOEM Guidelines note 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. Most patients improve quickly provided any red flag conditions are ruled out. There was a lack of significant neurological deficits, such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. Additionally, the clinical documentation did not indicate any red flag diagnoses or the intent to undergo surgery requiring an MRI. Therefore, the request is not medically necessary.