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| <b>Case Number:</b>   | CM14-0123327 |                              |            |
| <b>Date Assigned:</b> | 09/05/2014   | <b>Date of Injury:</b>       | 06/12/2008 |
| <b>Decision Date:</b> | 10/20/2015   | <b>UR Denial Date:</b>       | 07/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/05/2014 |

### 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. 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 60 year old female, who sustained an industrial injury on 6-12-2008. The medical records submitted for this review did not include documentation regarding the initial injury or prior treatments to date. Diagnoses include left shoulder strain and bilateral carpal tunnel syndrome status post surgery. Currently, she complained of ongoing pain in the left shoulder with radiation up to neck and down to the elbow. On 7-14-14, the physical examination documented tenderness in the left shoulder with limited range of motion. The plan of care included radiographic imaging to the left shoulder and initiation of anti-inflammatory. The appeal requested authorization of Ibuprofen 800mg and a left shoulder MRI. The Utilization Review dated 7-24-14, denied the request indicating the available documentation did not support that the California MTUS Guidelines or ODG Guidelines were met.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Magnetic Resonance Imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies, Summary.

**Decision rationale:** According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. The claimant did not have acute rotator cuff tear findings. There was no plan for surgery. The MRI request of the shoulder is not medically necessary.