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| <b>Case Number:</b>   | CM13-0041614 |                              |            |
| <b>Date Assigned:</b> | 06/06/2014   | <b>Date of Injury:</b>       | 12/12/2007 |
| <b>Decision Date:</b> | 07/14/2014   | <b>UR Denial Date:</b>       | 09/09/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/14/2013 |

### 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 claimant is a 69-year-old female who sustained injuries to her left shoulder and low back on 12/12/07. The mechanism of injury was not documented. The records indicate the claimant is status post decompression/fusion at L4-5 with stenosis developing at L3-4. The clinical note dated 06/13/13 reported the claimant is having increased difficulty walking and she was given a disability placard. Physical examination noted ambulation with assistive device; tenderness mild in the lumbosacral spine; range of motion normal and without pain; motor strength 5/5 throughout the bilateral upper/lower extremities; sensation decreased on the lateral leg and dorsum of the foot; absent reflexes plantar bilaterally; straight leg raise positive. Plain radiographs of the lumbar spine revealed stable appearance of the fusion at L4-5; interbody and posterolateral graft continuing to develop; L2 fracture unchanged and there has been no new fractures seen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MAGNETIC RESONANCE (EG PROTON)IMAGING, ANY JOINT OF UPPER EXTREMITY WITH CONTRAST MATERIAL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Based on the Official Disability Guidelines, the indications for this type of study are unclear and it is not clear why a new rotator cuff tear or avascular necrosis may be present; therefore, medical necessity was not deemed as medically appropriate. In this case, there was no report of a new acute injury or exacerbation of previous symptoms. There was no indication on physical examination of decreased motor strength, increased reflex or sensory deficits. There was no mention that a surgical intervention was anticipated. Furthermore, the request is for any joint of the upper extremity with contrast material. The request does not specifically address the indicated body part or the laterality of the upper extremities to be imaged. Given the clinical documentation submitted for review, medical necessity of the request for magnetic resonance (eg proton) imaging, any joint of upper extremity with contrast material has not been established. Therefore, the request for MRI, any joint of upper extremity with contrast materials is not medically necessary and appropriate.