

<b>Case Number:</b>	CM13-0047158		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/31/2012
<b>Decision Date:</b>	03/04/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 physician 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:

This is a female patient with the date of injury of October 31, 2012. A utilization review determination dated October 24, 2013 recommends noncertification for MRI of the right shoulder. A progress report dated September 18, 2013 includes subjective complaints including pain in the neck, right upper extremity, bilateral knee, and upper back. The patient complains of burning pain radiating into the right biceps and has undergone one out of six physical therapy sessions thus far. MRI of the cervical spine identifies degenerative changes and bilateral stenosis at C4-5. Objective examination findings do not contain an examination of the patient's shoulder. Diagnoses include carpal tunnel syndrome, pain in the joint in the lower leg, sprain/strain of the neck, and sprain/strain of the thoracic region. Physical therapy notes seem to indicate that the treatment was directed towards cervicgia, pain in the thoracic spine, and joint pain in the leg. A progress report dated October 16, 2013 identifies subjective complaints of neck pain with radiation into the right shoulder which is most bothersome at this time. Physical examination identifies decreased sensation in the right C2-8 dermatome compared with the left side, normal strength in the upper extremity, negative Spurling's test, and reduced right shoulder range of motion. Diagnoses include carpal tunnel syndrome, pain in joint lower leg, sprains/strains of the neck, and sprain/strain of the thoracic region. Treatment plan request MRI of the right shoulder. The note states that the indication for right shoulder MRI is quote decreased range of motion in the right shoulder."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for MRI of the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563..

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207- 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic resonance imaging (MRI)

**Decision rationale:** Regarding the request for MRI of the right shoulder, Occupational Medicine Practice Guidelines state that more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms except when a red flag is noted on history or examination. Cases of impingement syndrome are managed the same whether or not radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Guidelines go on to recommend imaging studies for physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. ODG recommends MRI of the shoulder for subacute shoulder pain with suspicion of instability/labral tear or following acute shoulder trauma with suspicion of rotator cuff tear/impingement with normal plain film radiographs. Within the documentation available for review, there is no recent orthopedic examination of the patient's shoulder. A thorough shoulder examination should help to determine a differential diagnosis in regards to the patient's shoulder complaints. Additionally, it does not appear any conservative treatment has been directed towards any shoulder specific pathology. Finally, it is unclear how an MRI will change the patient's current treatment plan. In the absence of clarity regarding those issues, the currently requested right shoulder MRI is not medically necessary.