

<b>Case Number:</b>	CM13-0049219		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/30/2013
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 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 62 year-old female who reported a work related injury on 01/30/2013. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of bilateral carpal tunnel syndrome, lumbar strain, and right shoulder tendinitis. The past treatment has included hot/cold compression, an arm sling, post-operative physical therapy after a carpal tunnel release, and acupuncture. The injured worker had an MRI of the lumbar spine on 10/21/2013. The surgical history consisted of a left carpal tunnel release. Upon examination dated 10/07/2013, the injured worker complained of numbness to the bilateral hands, right shoulder, neck, and low back. It was noted that there was tenderness to the injured worker's left wrist, cervical and lumbar spine as well as her right shoulder. There was no indication of prescribed medications. The treatment plan was for an MRI of the right shoulder for tendinitis. The request for authorization form was submitted on 10/07/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of 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): 196.

**Decision rationale:** The California MTUS/ACOEM Guidelines state special studies are not needed for injured workers with shoulder complaints, unless a four- to six-week period of conservative care and observation fails to improve symptoms. The criteria for imaging includes the emergence of a red flag; physiologic evidence of tissue insult or neurovascular dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure is needed. The injured worker was noted to have a history of conservative treatment, to include post-operative physical therapy for the wrist and acupuncture for the shoulder. However, there was no clear evidence of failure to improve with the course of conservative care or the length of time the injured worker participated in the program. There were no results of an impingement or Hawkins test. Additionally, there was a lack of documentation that the injured worker had evidence of tissue insult of neurovascular dysfunction or that the physician was planning an invasive procedure for which the MRI would be needed to provide clarification of the anatomy. The submitted documentation offered no evidence that an x-ray had been done prior to the request for an MRI of the right shoulder. Therefore, based on the lack of objective evidence of significant neurological deficits, the necessity of an MRI cannot be determined. Therefore, the request for an MRI of the Right Shoulder is not medically necessary.