

<b>Case Number:</b>	CM13-0062373		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/10/2011
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 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 patient is a 65 year old female who was injured on 06/10/2011. She slipped and fell forward at work, injuring her head, face, back, right knee, and sustaining a mild concussion. Prior treatment history has included a course of physical therapy, epidural steroid injections, TENS unit, and home exercises. The patient underwent a total knee replacement. Diagnostic studies reviewed include an x-ray of the right shoulder performed on 06/10/2011, which revealed no definite acute fracture or dislocation. A QME report dated 03/08/2013 indicated the patient stated she experienced pain in the right low back and buttocks. Her second worst physical problem relates to joint pain. She has an autoimmune arthritis associated with Crohn's disease. Regarding the right shoulder, she had no problems with the shoulder before she fell. She still had slight pain over the dorsum of the shoulder that extended to the deltoid region. The pain does not awaken her at night and she did not feel that the shoulder requires any treatment. Objective findings on exam included tenderness present globally about the right shoulder; symmetrical tenderness was present at the bicipital grooves. There was no deformity present about the shoulders; Impingement testing was slightly positive on the right; Cross arm adduction was negative. The patient has slight acromioclavicular joint tenderness. Her shoulder forward flexion was symmetrical at 170 degrees; extension was 70/70; abduction was symmetrical at 170 degrees; adduction was symmetrical at 40 degrees and 90 degrees of abduction; external rotation was symmetrical a 100 degrees and internal rotation was symmetrical at 50 degrees; DTR's were 2+ and symmetrical. A QME dated 07/26/2013 documented the patient to have complaints of pain in the central low back but the primary symptom is right buttock through the right lower extremity pain. There was no physical examination of the right shoulder performed. A PR2 dated 12/09/2013 indicated an authorization was requested to obtain an MRI of the right shoulder due to persistent complaints of right shoulder pain. The patient reported constant severe and

incapacitation low back pain which she stated prevents her from engaging in any type of productive employment. She reported pain in her right shoulder that is worst with overhead activities. She reported pain over her right lateral hip and this prevents her from sleeping on her right side. Objective findings on examination of the right shoulder revealed range of motion: Flexion 110; extension 10; abduction 110; adduction 10; external rotation 60; and internal rotation 60. These findings are not consistent with prior QME. Impingement I and Impingement II were positive on the right, negative on the left.

### **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): 208.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**Decision rationale:** Per the ACOEM Guidelines, shoulder imaging may be indicated to clarify the diagnosis and assist reconditioning. Primary criteria for ordering imaging studies are emergence of a red flag; physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); failure to progress in a strengthening program intended to avoid surgery; or clarification prior to an invasive procedure. Documentation provided for review reports the patient's pain did not awaken her at night and she did not feel that it required any treatment (03/08/2013). A QME from 07/26/2013 again does not document the patient reporting pain in the right shoulder and no physical examination was performed on the shoulder. The 12/09/2013 evaluation is the first documented encounter of the persistent complaints of shoulder pain. There is no documentation provided which shows the patient has tried and failed prior strengthening programs for the shoulder either. The ACOEM Guidelines' criteria have not been met for this patient, and therefore the request is not medically necessary and appropriate.

#### **CONSULTATION WITH A SHOULDER SPECIALIST: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM GUIDELINES, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS CHAPTER 7 PAGE 127.

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

**Decision rationale:** Per the ACOEM Guidelines, shoulder consultations may be indicated for patients who have red flag conditions, activity limitations, of failure to increase range of motion and strength after exercise programs. There is no documentation of the patient's lack of strength.

The patient's range of motion findings were inconsistent between the two examining physicians and there is no documentation that the patient has had any type of therapy for the right shoulder. The patient does not meet the criteria for a shoulder specialist consultation. The request is not medically necessary and appropriate.