

<b>Case Number:</b>	CM14-0009562		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	08/16/2011
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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. The expert reviewer is Board Certified in Occupational 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 patient is a 41-year-old female who has submitted a claim for cervical spine strain, rule out left C7-C8 radiculopathy; left shoulder strain and impingement; and lumbar spine strain associated with an industrial injury date of August 16, 2011. Medical records from 2012-2013 were reviewed. Current clinical information was lacking. A qualified medical evaluation dated June 25, 2013 was used. The patient complained of severe shooting pain in the left shoulder blade and left pectoral area, rated 4-8/10 in severity. The pain radiated to her left arm to dorsal forearm to the ulnar aspect of the left hand. The pain increased with prolonged and repetitive use of her left arm, overhead work, light to heavy lifting, and sleeping on her left side. There was occasional numbness and tingling of the ulnar aspect of her left forearm and hand. Physical examination showed no tenderness to palpation and positive impingement testing on the left. MRI of the left shoulder, dated October 31, 2012, revealed mild glenohumeral joint effusion and acromioclavicular joint showing irregularity, capsular hypertrophy, and spur formation. Treatment to date has included medications, physical therapy, activity modification, and myofascial release. Utilization review, dated January 9, 2014, denied the request for MRI procedure because there was no significant change in her symptoms and/or findings suggestive of a significant pathology that would warrant the need for a repeat MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI PROCEDURE:** 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): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, MRI.

**Decision rationale:** As stated on pages 208, 209 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. In addition, Official Disability Guidelines states that the criteria for shoulder MRI include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on MRI. In this case, the rationale for the request was not provided. Patient had persistent left shoulder pain with findings of positive impingement sign on the left. An MRI of the left shoulder done last October 31, 2012 revealed mild glenohumeral joint effusion and acromioclavicular joint showing irregularity, capsular hypertrophy, and spur formation. It is unclear why a repeat MRI is necessary at present since there were no exacerbation of symptoms or worsening of objective findings. There was also no documentation of failed conservative treatment. Furthermore, the most recent clinical record was dated July 2013. The current clinical and functional status of the patient is unknown. Moreover, the present request failed to specify the body part to be tested. Therefore, the request for MRI PROCEDURE is not medically necessary.