

<b>Case Number:</b>	CM14-0102806		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/06/2013
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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 21 year old female with a reported date of injury on 08/06/2013. The mechanism of injury was not provided in the submitted records. The injured worker was diagnosed with probable thoracic outlet syndrome. The injured worker had completed 4 weeks of physical therapy per the clinic note dated 01/28/2014. Diagnostic studies included a right shoulder x-ray on 08/09/2013 (unofficial) which indicated intact cortices, without evidence of acute fracture or dislocation and no focal erosion and an MRI of the cervical spine dated 05/06/2014 which revealed gentle straightening of the normal cervical lordosis without focal cord signal abnormalities, no acute vertebral body injury, mild to moderate right neural foraminal stenosis at C3-4 and mild neural foraminal stenosis at C4-5. There was no pertinent surgical history provided. On a clinical note dated 01/28/2014, the injured worker reported pain to her right neck, shoulder, and arm rated at 7/10 as well as tingling in her right hand. The clinical note dated 01/28/2014 indicated bilaterally positive abduction and external rotation test and elevated arms stress test, motor and sensory were normal at the ulnar and median nerve distributions, and there were no dilated neck veins with arms elevated. No discoloration, temperature abnormalities, or numbness to the upper extremities were noted. She indicated that movement, lifting, repetitive motion and writing triggered her symptoms. There were no subjective complaints or reports on the clinic note dated 06/25/2014. The clinic note indicated under the heading "objective findings" that "the current findings remain unchanged" but did not provide a date for comparison. The injured worker was taking an oral contraceptive. The request was for 1 MRI of the bilateral shoulders for determination of probable thoracic outlet syndrome. No request for authorization form was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 MRI of the Bilateral Shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation, Online Edition, Chapter: Shoulder (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

**Decision rationale:** The request for 1 MRI of the bilateral shoulders was not medically necessary. The injured worker complained of pain to her right neck, shoulder, and arm rated at 7/10 as well as tingling in her right hand. She indicated that movement, lifting, repetitive motion and writing triggered her symptoms. While the patient has completed 4 weeks of physical therapy, no medication therapy was reported in provided documentation. No discoloration, temperature abnormalities, or numbness to upper extremities were noted on 01/28/2014. The California MTUS/ACOEM official guidelines do not recommend routine MRI or arthrography for evaluation of the shoulders without surgical indications. The injured worker had bilaterally positive abduction and external rotation test and elevated arms stress test, motor and sensory were normal at the ulnar and median nerve distributions. There was no discussion of possible surgery in the documentation provided. There is a lack of documentation indicating the injured worker has significant objective functional deficits and significant provocative testing which indicated possible pathology within the bilateral shoulders. Therefore the request for 1 MRI of the bilateral shoulders was not medically necessary.