

<b>Case Number:</b>	CM14-0106075		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	05/23/2008
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and bilateral shoulder pain reportedly associated with an industrial injury of May 23, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier knee surgery; unspecified amounts of manipulative therapy; and topical agents. In a Utilization Review Report dated June 11, 2014, the claims administrator denied a request for MRI imaging of bilateral shoulders. The applicant's attorney subsequently appealed. In a handwritten note dated June 3, 2014, the applicant presented with persistent complaints of neck pain, right shoulder pain, right upper arm pain. Three sessions of chiropractic manipulative therapy were endorsed. The applicant did have weakness about the right upper and right lower extremities. The applicant was described as on "PD" implying that the applicant was not working. On March 18, 2014, the applicant reported persistent complaints of bilateral knee, right hip, and bilateral shoulder pain, ranging from 7-8/10. The applicant was on naproxen, tramadol, omeprazole, and a naproxen-containing cream. The applicant exhibited slightly limited left shoulder range of motion with flexion and abduction to 170 degrees. Right shoulder range of motion was also slightly limited, flexion and abduction 170 degrees. Multiple tender points and trigger points were appreciated about the shoulder and cervical spine regions. 5/5 bilateral upper extremity strength was reported. The applicant was placed off of work, on total temporary disability. "Updated" MRI imaging of the bilateral shoulder and cervical spine was sought.

### 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 without contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

**Decision rationale:** As noted in the ACOEM Guidelines, routine MRI or arthrography of the shoulders for evaluation purposes without surgical indication is "not recommended." In this case, the information on file points to the attending provider's simply ordering MRI imaging of the shoulders for academic or evaluation purposes, without any intention of acting on the results of the same. There was no mention of the applicant's actively considering or contemplating any kind of surgery insofar as either shoulder was concerned. The near-normal 170 degrees of shoulder flexion and abduction about the left and right shoulders, coupled with the 5/5 bilateral upper extremity strength reported on March 18, 2014, taken together, argue against any focal rotator cuff pathology which would require MRI imaging to diagnose. The attending provider did not suggest or state that the applicant would act on the results of the shoulder MRIs in question and/or consider any kind of surgical intervention. Therefore, the request is not medically necessary.