

<b>Case Number:</b>	CM14-0011427		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	04/25/2012
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 Orthopedic Surgery 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 52-year-old female who has filed a claim for adhesive capsulitis associated with an industrial injury date of April 25, 2012. Review of progress notes indicates intractable bilateral shoulder pain, with radiation of left shoulder pain to the left elbow. Progress notes indicate that patient is not recovering as expected. Findings include tenderness over the right shoulder and the medial aspect of the both elbows, decreased bilateral shoulder range of motion, positive shoulder provocative maneuvers bilaterally, positive Tinel's at the elbows, decreased sensation to bilateral median nerve distribution, positive carpal tunnel provocative maneuvers at the bilateral wrists, and tenderness over the bilateral wrist region. X-rays (date unspecified) of bilateral shoulders, elbows, wrists, and hands were unremarkable. Electrodiagnostic testing of the upper extremities dated January 23, 2014 showed normal results. Treatment to date has included non-steroidal anti-inflammatory drug (NSAIDs), muscle relaxants, opioids, amitriptyline, physical therapy, ice and heat, acupuncture, injection of the shoulder, and left shoulder surgeries in November 2012 and September 2013. Utilization review from January 14, 2014 denied the requests for labs as there was no documentation to support the need for lab studies, and the specific tests were not indicated; MRI of the shoulders as there was no documentation of muscle testing or of subacromial injections, and x-rays were negative; bone scan 3 phase - upper extremities as there was no documentation of systemic pathology, and x-rays were all normal; and MRI of the cervical spine as there was no documentation of evaluation of the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Labs quantity (qty): 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/>.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Journal of General Internal Medicine was used instead. Literature concludes that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. In this case, the progress notes reports that the patient has not been recovering as expected. However, the specific laboratory tests being requested were not indicated. Therefore, the request for labs was not medically necessary.

**MRI of the right shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

**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 chapter, Magnetic resonance imaging (MRI).

**Decision rationale:** Page 208 of CA MTUS ACOEM supports ordering of imaging studies for: emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure. According to ODG, indications for shoulder MRI include acute shoulder trauma with suspicion of rotator cuff tear/impingement, patients > 40 years of age, with normal plain radiographs; and subacute shoulder pain with suspicion of instability/labral tear. In this case, the patient has chronic right shoulder pain and tenderness. Findings include decreased range of motion and positive provocative tests including Neer's, Hawkin's, Speed's, Yergason, cross-chest test, and AC joint compression test, with normal shoulder radiographs. A shoulder MRI is reasonable at this time to better assess the anatomy and condition of the patient's shoulder. Therefore, the request for MRI of the right shoulder was medically necessary.

**MRI of the left shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

**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 chapter, Magnetic resonance imaging (MRI).

**Decision rationale:** Page 208 of CA MTUS ACOEM supports ordering of imaging studies for: emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure. According to ODG, indications for shoulder MRI include acute shoulder trauma with suspicion of rotator cuff tear/impingement, patients > 40 years of age, with normal plain radiographs; and subacute shoulder pain with suspicion of instability/labral tear. In this case, the patient is status post left shoulder surgery and presents with persistent pain and tenderness. Findings include decreased range of motion and positive provocative tests including Neer's, Hawkin's, Speed's, Yergason, cross-chest test, and AC joint compression test, with unremarkable shoulder radiographs. A shoulder MRI is reasonable at this time to better assess the anatomy and condition of the patient's shoulder. Therefore, the request for MRI of the left shoulder was medically necessary.

**3 phase bone scan of the upper extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, CRPS, diagnostic tests.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, triple-phase bone scans are recommended for patients in early stages of CRPS to help confirm the diagnosis. However, there is no documentation supporting early-stage CRPS in this patient. There is no clear indication for a 3 phase bone scan in this patient. Therefore, the request for 3 phase bone scan of the upper extremities was not medically necessary.

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter, Magnetic resonance imaging (MRI).

**Decision rationale:** CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening

program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Indications for MRI according to ODG include chronic neck pain with normal radiographs and presence of neurologic signs/symptoms; neck pain with radiculopathy, if severe or progressive neurologic deficit; chronic neck pain with radiographs showing spondylosis or old trauma and presence of neurologic signs/symptoms; chronic neck pain with radiographs showing bone or disc margin destruction; suspected cervical spine trauma with normal radiographs and clinical findings suggestive of ligamentous injury; known cervical trauma with equivocal or positive plain films and neurologic deficit; and upper back/thoracic trauma with neurologic deficit. In this case, the recent progress notes do not document evaluation of the cervical spine. The patient's cervical spinal condition at this point is not known. Therefore, the request for MRI of the cervical spine was not medically necessary.