

<b>Case Number:</b>	CM14-0012293		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	10/01/2005
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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/ hand surgery, and is licensed to practice in Georgia and Texas. 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 47-year-old who reported an injury on 10/01/2005. The mechanism of injury was not provided. The office visit note dated 12/19/2013 indicated the injured worker had no improvement of her neck pain since the previous visit. The injured worker had complaints of right shoulder and mid thoracic pain. The injured worker reported residual paresthasias of the left 4th and 5th finger. There was right supraclavicular tenderness. There was positive right shoulder retraction maneuver. There was bilateral scapulothoracic tenderness. There was tenderness at T2-6. The right shoulder flexion was decreased to 90 degrees with pain. There was subacromial tenderness. There was positive impingement testing x2. There was a C-joint tenderness with a C-joint stress test. It was noted the injured worker was considering a right shoulder arthroscopic surgery. The physician indicated the injured worker would benefit from thoracic and right shoulder MRI to rule out T2-6 protrusion and right rotator cuff tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THE THORACIC SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, MRIs (magnetic resonance imaging)

**Decision rationale:** The request for MRI OF THE THORACIC SPINE is non-certified. The California MTUS/ACOEM states that unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who did not respond to treatment or who would consider surgery as an option. However, when neurological examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. If physiologic evidence indicates tissue insult or nerve impingement; the practitioner can discuss with a consultant the selection of imaging tests to define a potential cause. An MRI is recommended for suspected disc protrusion, cauda equina syndrome, spinal stenosis, and post laminectomy syndrome. Furthermore, the Official Disability Guidelines state that repeat MRI is not routinely recommended and should be reserved for significant change in symptoms and/or findings suggestive of significant pathology, such as tumor, infection, fracture, neural compression, or recurrent disc herniation. The records submitted for review failed to include documentation on if the injured worker had previously undergone imaging studies to include an MRI of the thoracic spine. The records submitted for review failed to include documentation of neurological deficits to support an MRI of the thoracic spine. Furthermore, the records submitted for review failed to include documentation that the injured worker had undergone all conservative therapy, including physical therapy. As such, the request for MRI of the thoracic spine is not supported.

**MRI OF THE RIGHT SHOULDER:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder, Magnetic resonance imaging (MRI)

**Decision rationale:** The request for MRI of the right shoulder is non-certified. The California MTUS/ACOEM states that, for most patients with shoulder problems, special studies are not needed unless a 4 week to 6 week period of conservative care and observation fails to improve symptoms. Magnetic resonance imaging (MRI) is recommended for suspected impingement syndrome, rotator cuff repair, recurrent dislocation, tumor, or infection. Furthermore, the Official Disability Guidelines state that repeat MRI is not routinely recommended, and should be reserved for significant change in symptoms and/or findings suggestive of significant pathology. The records submitted for review failed to include documentation indicating if the injured worker had had previous imaging studies to include an MRI of the right shoulder. Furthermore, the records submitted for review failed to include documentation on if the injured worker's presenting symptoms were new findings or if they had been ongoing. Furthermore, the records submitted for review were unclear if the injured worker had failed all other conservative care, including physical therapy. As such, the request for MRI of the right shoulder is not supported. Therefore, the request is non-certified.

