

<b>Case Number:</b>	CM14-0017425		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	08/22/2012
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### **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 and Rehabilitation and is licensed to practice in Illinois. 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 59-year-old female who reported injury on 08/22/2012. The mechanism of injury was cumulative trauma. Per the Doctor's First Report of Occupational Illness or Injury, the cumulative trauma was from 10/17/2011 through 10/17/2012. Per the DWC Form RFA physician documentation, the injury was 10/17/2011 through 08/22/2012. The documentation of 11/01/2013 revealed the injured worker had objective findings of decreased range of motion in the shoulders and decreased range of motion in the cervical spine. There were +2 spasms over the upper trapezius bilaterally, and stiffness upon palpation. The injured worker had complaints of pain in her right shoulder. The treatment plan included a bone scan; an MRI of the cervical spine; MRI of the left wrist; MRI of the bilateral shoulders for evaluation of the soft tissue-like ligament, cartilage, tendons, and muscles; MRI of the head with and without contrast to help diagnose developmental anomalies of the brain, vascular anomalies of the head, disorders of the eyes and inner ear, stroke or trauma, disease in the pituitary gland, certain chronic disorders of the nervous system, as well as multiple sclerosis and causes of headaches; the use of paraffin wax; a second stellate ganglion block on the left; internal medicine evaluation; and medications. The diagnoses included reflex sympathetic dystrophy of the left upper extremity secondary to fractured left distal radius and arm trauma, sprain/strain left wrist, history of fracture of the radius, sprain/strain of the left shoulder, rule out adhesive capsulitis, tendonitis, and impingement.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI OF THE RIGHT AND LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2004, CHAPTER 9 (SHOULDER COMPLAINTS), 561-563.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207209.

**Decision rationale:** ACOEM Guidelines indicate the criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The clinical documentation submitted for review failed to indicate the injured worker had signs and symptoms to support the necessity for the requested study. There was a lack of documentation of myotomal and dermatomal findings to support tissue insult or neurovascular dysfunction. There was a lack of documentation indicating rationale for bilateral shoulder studies. Additionally, as the injured worker was noted to be injured in 2012, there was a lack of documentation of prior studies and results of the prior studies. Given the above, the request for an MRI of the right and left shoulder is not medically necessary.