

<b>Case Number:</b>	CM14-0017436		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	08/22/2012
<b>Decision Date:</b>	07/09/2014	<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, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 an injury on 10/17/2012 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her right hand and wrist. The injured worker ultimately developed symptoms of reflex sympathetic dystrophy. The injured worker's treatment history included multiple stellate ganglion block injections, physical therapy, and multiple medications. The injured worker was evaluated on 12/13/2013. The injured worker complained of increased shoulder pain. Objective findings included restricted cervical spine range of motion with tenderness to palpation of the paraspinal musculature. The injured worker's diagnoses included reflex sympathetic dystrophy of the left upper extremity, left wrist sprain/strain, contracture of the left hand, contracture of the elbow, left shoulder sprain/strain, cervical spine sprain/strain, cephalgia, and lumbar sprain/strain. The injured worker's treatment plan included an MRI of the bilateral shoulders, left wrists, and cervical spine, and a bone scan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THE RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Complaints, ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008, Page 561-563.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 270-271.

**Decision rationale:** The clinical documentation submitted for review does indicate that the injured worker has a diagnosis of reflex sympathetic dystrophy of the left upper extremity. The MTUS/ACOEM Guidelines recommend imaging studies for shoulder injuries when there are red flag conditions, physiological evidence of tissue insult or injury, or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure. The clinical documentation submitted for review did not provide an adequate assessment of the injured worker's bilateral shoulders to support that they are a surgical candidate and would require clarification prior to the procedure. Additionally, there is no physical evaluation to support physiological evidence of tissue insult or neurovascular dysfunction. There was no documentation of red flag conditions that would require an imaging study. As such, the request is not medically necessary or appropriate.

**MRI OF THE LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Complaints, ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008, Page 561-563.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
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**Decision rationale:** The clinical documentation submitted for review does indicate that the injured worker has a diagnosis of reflex sympathetic dystrophy of the left upper extremity. The MTUS/ACOEM Guidelines recommend imaging studies for shoulder injuries when there are red flag conditions, physiological evidence of tissue insult or injury, or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure. The clinical documentation submitted for review did not provide an adequate assessment of the injured worker's bilateral shoulders to support that they are a surgical candidate and would require clarification prior to the procedure. Additionally, there is no physical evaluation to support physiological evidence of tissue insult or neurovascular dysfunction. There was no documentation of red flag conditions that would require an imaging study. As such, the request is not medically necessary or appropriate.