

<b>Case Number:</b>	CM14-0018784		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	04/12/2013
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 Interventional Spine, 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 35-year-old with an injury date on 4/12/13. Based on the 1/8/14 progress report provided by [REDACTED] the diagnoses are: head pain, cervical musculoligamentous strain/sprain with radiculitis, rule out cervical spine discogenic disease, thoracic musculoligamentous strain/sprain, lumbosacral musculoligamentous strain/sprain with radiculitis, rule out lumbosacral spine discogenic disease, bilateral shoulder strain/sprain, right shoulder impingement syndrome, depression, and situational sleep disturbance secondary to pain. The patient was responsible for working in the kitchen, preparing food and maintaining cleanliness, and gradually developed symptoms per 1/8/14 report. Examination on 1/8/14 revealed patient had a "swollen nose bridge, C-spine was tender to palpation, spastic, with decreased range of motion. T-spine and L-spine showed tenderness to palpation, spasm and had decreased range of motion. Bilateral shoulders showed tenderness to palpation anteriorly, posteriorly, over right clavicle, right deltoid, right rotator cuff and had decreased range of motion. Deep tendon reflexes decreased in right upper extremity at 1+/2+. Motor strength decreased in bilateral shoulders at 4/5. Anterolateral shoulder and arm had decreased sensation. Decreased deep tendon reflexes in right lower extremity at 1+/2+. Motor strength decreased in bilateral lower extremities at 4/5. Sensation decreased in right anterolateral thigh, anterior knee, medial leg." No previous MRI (magnetic resonance imaging) was found in provided report. [REDACTED]. [REDACTED] is requesting an MRI for the patient's right shoulder without contrast. The utilization review determination being challenged is dated 1/17/14 and refuses request MRI due to lack of documentation of 3 months of conservative therapy, planned surgical intervention, or progressive neurologic deficit. [REDACTED] is the requesting provider, and he provided a treatment report from 1/8/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **MAGNETIC RESONANCE IMAGING RIGHT SHOULDER WITHOUT CONTRAST:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2008), Chapter 9), pgs. 561-563, Table 9-6: Summary of Recommendations for Evaluating and Managing Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI.

**Decision rationale:** According to the 1/8/14 report by [REDACTED], this patient presents with "headaches, neck pain, back pain, both shoulder/upper arm pain, psychiatric, complaints, sleeping problems." The request is for an MRI (magnetic resonance imaging) of the right shoulder without contrast. Reviews of the reports do not show any evidence of MRIs being done in the past. In the same 1/8/14 report, [REDACTED] also requests 12 sessions of physical therapy for C-spine, T-spine, and bilateral shoulders. [REDACTED] does not expressly state the intent for right shoulder MRI, except the diagnostic impression of "right shoulder impingement." Regarding shoulder MRIs, MTUS/ACOEM guidelines state: "Routine testing (laboratory tests, plain film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. The ACOEM also states: "For patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning. Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra abdominal or cardiac problems presenting as shoulder problems), physiologic evidence of tissue insult or neuromuscular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon), failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)." The treating provider requests MRI of right shoulder, but the patient has not undergo conservative treatments, nor does patient show any red flags. Furthermore, treating provider does not indicate necessity for the MRI as no surgical procedures are planned. The recommendation is for denial.