

Case Number:	CM14-0172813		
Date Assigned:	10/23/2014	Date of Injury:	01/19/2010
Decision Date:	12/02/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/20/2014

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 57-year-old female with date of injury of 01/19/2010. The listed diagnoses per [REDACTED] from 09/18/2014 are: 1.Chronic pain syndrome.2. Myalgia.3.Limb pain.4.Bilateral shoulder pain.5.Bilateral wrist pain.6.Bilateral hand pain.7.Neck pain.8.Cervical DDD. According to this report, the patient complains of neck, bilateral shoulder, bilateral wrist, and bilateral hand pain. The medications are helpful and well tolerated including naproxen for pain and inflammation, omeprazole for GI upset, and cyclobenzaprine for acute flare-ups of muscle spasms. She recently had x-rays of her neck, shoulders, wrists, and hands. The patient was authorized physical therapy and has attended 1 session. The pain is described as aching in her shoulders and wrist with numbness in both hands. She feels that her neck and shoulder pain is worse at this time. The patient rates her pain 7/10 without medications and 3/10 to 4/10 with medications. Her pain is unchanged since her last appointment but is better with medication. The examination of the left shoulder shows tenderness to palpation over the supraspinatus tendon. Range of motion is 110 degrees on flexion and abduction. Internal rotation is thumb to L4. Extension is at 10 degrees. External rotation is behind the head. Right shoulder shows tenderness to palpation over the acromioclavicular joint and supraspinatus tendon. Range of motion is 115 degrees in both flexion and abduction. Extension is 40. Internal rotation is thumb to L4. External rotation is behind the head. Strength is 5-/5 in both shoulders. Sensation is intact but slightly decreased over the middle finger of the right hand. The provider references an x-ray of the left shoulder from 09/04/2014 that showed mild degenerative changes at the left AC joint, otherwise, unremarkable left shoulder. The provider also references an x-ray of the right

shoulder performed on 09/04/2014 that showed unremarkable right shoulder. The utilization review denied the request on 09/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, and updated 08/27/2014

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) Shoulder Chapter, MRI

Decision rationale: This patient presents with neck, bilateral shoulder, bilateral wrist, and bilateral hand pain. The provider is requesting an MRI of the left shoulder. The ACOEM Guidelines page 207 to 208, the primary criteria for ordering imaging studies include: 1. Emergence of red flags. 2. Physiologic evidence of tissue insult. 3. Failure to progress in strengthening program. 4. Clarification of anatomy prior to invasive procedure. ODG further states that magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. The 07/24/2014 report shows that the patient continues to complain of left shoulder pain in the lateral aspect of her left shoulder. The pain comes and goes and occasionally radiates down her left upper extremity into her left hand. There is tenderness to palpation over the supraspinatus tendon of the left shoulder. The 09/18/2014 report notes that the patient continues to report neck, bilateral shoulder, bilateral wrist, and bilateral hand pain. The pain is described as aching in her shoulders and wrist with numbness in both hands. She feels that her neck and shoulder pain is worse at this time. The examination of the left shoulder shows tenderness over the supraspinatus tendon. Flexion is 110, abduction is 110, extension is 10 degrees, external rotation is behind the head, and internal rotation is thumb to L4. The provider also references an x-ray of the left shoulder performed on 09/04/2014 that showed mild degenerative changes at left AC joint, otherwise, unremarkable left shoulder. There does not appear to be a prior MRI of the shoulder and the provider does not discuss the specific reason for the request. In this case, the patient has not had an MRI, continues to experience pain. ODG allows MRI if rotator cuff/labral tears are suspected. Given the patient's exam findings such are suspicions. Therefore, this request is medically necessary.

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, and updated 08/27/2014

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) Shoulder Chapter, MRI

Decision rationale: This patient presents with neck, bilateral shoulder, bilateral wrist, and bilateral hand pain. The provider is requesting an MRI of the right shoulder. The ACOEM Guidelines page 207 to 208, the primary criteria for ordering imaging studies include: 1. Emergence of red flags. 2. Physiologic evidence of tissue insult. 3. Failure to progress in strengthening program. 4. Clarification of anatomy prior to invasive procedure. ODG further states that magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. The 07/24/2014 report shows that the patient continues to complain of right shoulder pain which she describes as an aching sensation felt in the lateral aspect of the right shoulder. The pain does not radiate anywhere. Examination of the right shoulder showed tenderness over the acromioclavicular joint and supraspinatus tendon. The 09/18/2014 report shows that the patient complains of aching in her shoulders and wrists with numbness in both hands. She feels that her neck and shoulder pain is worse at this time. Her pain is unchanged since her last appointment but is better with medication. The exam shows tenderness to palpation over the acromioclavicular joint and supraspinatus tendon. The provider also references an x-ray of the shoulder performed on 09/04/2014 that showed unremarkable results. In this case, the patient does not present with any new trauma or injury that would warrant the need of an MRI of the right shoulder. Furthermore, the recent x-ray performed on 09/04/2014 showed unremarkable results. Therefore, this request is not medically necessary.