

<b>Case Number:</b>	CM14-0024861		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	09/10/2009
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 & Rehabilitation has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 50 year old male with a date of work injury 9/10/09. The injury was noted to have occurred when the patient was unloading cartons by hand and a forklift operated by a coworker struck him on the right side of his body. He was then pushed forward into a pallet and his neck was struck by a clamp of the forklift. His diagnoses include cervical disc herniation with myelopathy, lumbar spondylosis with myelopathy, thoracic spondylosis without myelopathy, sacroiliitis, carpal tunnel syndrome, tear of the medial meniscus of bilateral knees, partial tear of rotator cuff of the right shoulder, medial epicondylitis of the right elbow, lateral epicondylitis of the right elbow, tension headache, and sleep disorder. A 2/5/14 primary treating physician office visit notes that the patient had multiple musculoskeletal complaints including neck and right shoulder pain. He complains of constant severe right shoulder pain that was best described as aching and stabbing. The pain was made worse by movement. The patient complained of constant severe pain that was described as sharp. The pain was aggravated by turning and using the arms. The patient reported that the pain radiates down into his hands and he feels stiffness in his fingers. The cervical exam revealed that there was +4 spasm and tenderness to the bilateral paraspinal muscles from C4 to C7, bilateral suboccipital muscles and bilateral upper shoulder muscles. Axial compression test was positive bilaterally for neurological compromise. Distraction test was positive bilaterally. Shoulder depression test was positive bilaterally. The left brachioradialis reflex was decreased. The right brachioradialis reflex was decreased. The left triceps reflex was decreased. The right triceps reflex was decreased. There was +3 spasm and tenderness to the right upper shoulder muscles and right rotator cuff muscles. Codman's test was positive on the right. Speeds test was positive on the right. Supraspinatus test was positive on the right. The treatment plan states that the patient has bilateral shoulder pain and the provider will

order a right shoulder MRI. A 1/29/14 pain management evaluation indicates that the patient has significant tenderness in the subacromial area with painful range of motion and positive impingement sign. Per a 12/9/13 primary treating physician progress report after the patient's injury he was taken off work for one to two weeks and then returned to work, even though he was continuing to have symptoms. He apparently did report his injury on multiple additional occasions because of his continuing pain and also apparently because he was recovering from right shoulder surgery.

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

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

**ONE MRI OF THE RIGHT SHOULDER:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**Decision rationale:** The ACOEM MTUS guidelines states that the 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 neurovascular; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure . The documentation submitted reveals evidence of possible tissue insult with a positive Speed's test, Codman's test and supraspinatus test on the right shoulder. Therefore, the request for one MRI of the right shoulder is medically necessary.