

<b>Case Number:</b>	CM14-0039069		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	11/04/2011
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 and is licensed to practice in Nevada. 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 records presented for review, indicate that this 57-year-old female was reportedly injured on November 4, 2011. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated October 2, 2013, indicated that there were ongoing complaints of bilateral hands and wrist pain with numbness and tingling of the left hand. There was also a complaint of bilateral shoulder pains. The physical examination demonstrated normal range of motion of the hand and wrist. There was a positive Phalen's test and Tinel's test of the left wrist and decreased sensation at the thumb, index, and middle finger of the left hand. Examination of the shoulders noted full range of motion and a positive impingement test. Diagnostic imaging nerve conduction studies showed evidence of left sided carpal tunnel syndrome, and x-rays of the left wrist were normal. X-rays of the left and right shoulder showed spurring of the under surface of the acromion. Previous treatment included physical therapy, injections, and bracing. There was a recommendation for a left sided carpal tunnel release. There was a previous right sided carpal tunnel release performed. A request was made for bilateral shoulder MRIs and was not medically recommended in the pre-authorization process on March 11, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral shoulder Magnetic Resonance Imaging (MRI):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 196.

**Decision rationale:** A review of the medical record did not indicate any red flags concerning the injured employee's shoulders. The physical examination noted a full range of motion and positive impingement findings. Prior physical therapy treatment had only apparently been rendered for the hand and wrist and not the shoulders. The American College of Occupational Medicine specifically states that there should be failure to progress in a strengthening program intended to avoid surgery prior to obtaining an MRI. Without failure of prior conservative treatment for the shoulders, this request for bilateral shoulder magnetic resonance imaging (MRI) is not medically necessary and appropriate.