

<b>Case Number:</b>	CM14-0047543		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	11/30/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This 46 year old patient had a date of injury on 11/20/2013. The mechanism of injury was repetitive reaching at work. In a progress report dated 3/4/2014, the patient complains of right shoulder pain and right elbow pain. Her pain radiates to the right finger. Medications help with pain about 30-40%. Acupuncture is helpful. On a physical exam dated 3/4/2014, there is decreased right shoulder range of motion, and right epicondyle tenderness. The diagnostic impression showed right rotator cuff tear, right epicondylitis, and myofascial pain. Treatment to date: medication therapy, and behavioral modification. A UR decision dated 3/21/2014 denied the request for MRI of the right shoulder, stating that the only tenderness to palpation is noted, and there were no objective findings about the right shoulder that would warrant the requested imaging study. Furthermore, this patient still has pending physical therapy and acupuncture and it would be more reasonable to evaluate the response to these conservative treatments before proceeding with diagnostic studies.

### 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 Official Disability Guidelines Treatment in Workers' Compensation: Chapter: Shoulder

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg 208, 209

**Decision rationale:** CA MTUS criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. In addition, ODG criteria for shoulder MRI include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on MRI. In a progress report dated 7/30/2014, the patient complains of right shoulder pain radiating to the finger. However, the physical exam dated 7/30/2014 did not show any objective evidence of neurological deficits. Furthermore, plains films were not provided for review, and the subjective findings included the acupuncture being helpful and medications decreasing pain. Therefore, the request for MRI of the right shoulder is not medically necessary.