

<b>Case Number:</b>	CM14-0059867		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	12/08/2011
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 Occupational Medicine 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:

Patient is a 43 year-old female with date of injury 12/08/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/29/2014, lists subjective complaints as pain in the neck, upper back and bilateral upper extremities. Objective findings: Examination of the neck and bilateral upper extremities revealed difficulty in raising the right arm above 70 degrees and tenderness along the ulnar nerve with possible hyperflexion. Patient also had tenders along the facets with facet loading being positive. Diagnosis: 1. Discogenic cervical condition with MRI showing disc disease at C4-5 with radiculitis noted 2. Upper thoracic strain 3. Impingement syndrome of shoulder bilaterally status post decompression, rotator cuff repair and distal clavicle excision on the right 4. Impingement syndrome of the left shoulder 5. Brachial plexus neuritis 6. Epicondylitis medially and laterally, bilaterally 7. Ulnar neuritis of the elbow, left more than right 8. Median nerve neuritis, bilaterally 9. CMC joint inflammation, bilaterally 10. Depression, sexual dysfunction, sleep disorder, and headaches. Treatments to date include physical therapy, TENS, biofeedback, psychotherapy, bracing and right shoulder arthroscopy for rotator cuff repair on 02/20/2014. MRI of the right shoulder performed on 08/29/2013 revealed a partial tear of the supraspinatus and subscapularis tendinosis with some degenerative changes to the humeral head.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder fluoroscopic evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology ACR Appropriateness Criteria Acute Shoulder Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI).

**Decision rationale:** Fluoroscopic evaluation of the shoulder to rule out continued impingement of the rotator cuff following a decompressive surgery is not recommended study. The Official Disability Guidelines recommend MRI for suspected rotator cuff tear/impingement when the patient has normal plain radiographs or is over 40 years old. Fluoroscopy of the right shoulder is not medically necessary.