

<b>Case Number:</b>	CM14-0060171		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/27/2009
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	04/19/2014
<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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 58 year old female who sustained an injury to her right shoulder on 01/27/09 when a shelf fell and struck her on the right side of her head and shoulder, knocking her unconscious. The injured worker underwent a right shoulder arthroscopy, bursectomy, coracoacromial ligament release, and distal clavicle resection on 06/08/10. The 04/01/14 clinical note reported that the injured worker complained of neck, back, right upper extremity, eye, mouth/teeth, as well as psychiatric complaints and sleeping problems. Physical examination noted tenderness globally from the occiput through the trapezial muscles and levator scapulae, decreased motion and positive compression test; global right shoulder tenderness was noted with decreased range of motion and the inability to perform a clinical test due to range of motion deficits; right elbow tenderness was noted globally with a positive Cozen's test; right wrist tenderness on the dorsum with decreased range of motion; positive Tinel's and Phalen's tests; decreased right upper extremity strength 4/5; decreased sensation in the right anterolateral shoulder/arm, lateral forearm/hand, and right median nerve distribution. The injured worker was recommended for an MRI of the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI joint upper extremity w/o dye:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178,Chronic Pain Treatment Guidelines Page(s): 98-99, 118-119.

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

**Decision rationale:** The previous request was denied on the basis that the injured worker had surgery to the right shoulder in 2010. There was no indication that she has had a course of conservative treatment, as recommended by evidence based guidelines prior to consideration for any type of imaging. Therefore, the request was not deemed as medically appropriate. There was no report that plain radiographs had been obtained prior to the request for more advanced MRI. There were no physical therapy notes provided for review that would indicate the amount of physical therapy visits the injured worker has completed to date or the injured worker's response to any previous conservative treatment. There was no report of a new acute injury or an exacerbation of previous symptoms. There was no mention that a surgical intervention is anticipated. There were no additional red flags identified that would warrant a repeat study. Given this, the request for an MRI of the joint upper extremity without dye is not indicated as medically necessary.