

<b>Case Number:</b>	CM14-0075211		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/10/2004
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 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 52-year-old male who reported an injury 12/10/2014, due to unknown mechanism. The injured worker's diagnoses were hypertension, coronary artery disease, and a sleep disorder. The injured worker had an electromyogram and a nerve conduction velocity study done on 05/22/2014 to the right suprascapular nerve, an MRI dated 11/11/2013. The result of the nerve conduction velocity remedial motor nerve demonstrates a normal distal latency and evokes response amplitude. The electromyogram results were carpal tunnel syndrome. The scan revealed tendinosis of the rotator cuff acromioclavicular degenerative joint disease and a mass within the suprascapular notch, chest X-Ray, a pulmonary function test and an echocardiogram. The injured worker had a carpal tunnel release in 2005. The injured worker had a 3 vessel bypass graft surgery 08/2009 and a The injured worker complained of pain to right shoulder rating pain at 7/10 to 8/10 without medication and 3/10 to 4/10 with medication. On physical examination dated 06/17/2014 objective findings show decreased range of motion with crepitus and that is of the right shoulder with strength 4/5. Rest of documentation on this most current clinical visit unable to decipher. A comprehensive orthopedic consultation was done on 02/07/2014 which showed supraspinatus tenderness on the right was severe, greater tuberosity tenderness was moderate, bicep tenderness was mild, range of motion of the shoulder was forward flexion on the right was 135 degrees and on the left at 180 degrees, extension on the right was only 40 degrees, on the left 50 degrees, abduction 135 degrees on the left 180, adduction was 40 degrees on the left was 50 degrees, external rotation was at 80 degrees on the left was 90 degrees, internal rotation was at 60 degrees on the left was 90 degrees. The AC joint tenderness was at moderate, subacromial crepitus was present, muscle strength and tone. Forward flexion was 4/5, abduction was 4/5, external rotation of the arm 4/5, internal rotation of the arm was 4/5 on the right, all of this is right, no to movement painful, the answer was yes. Right shoulder AC joint compression

test was positive, impingement and a slight internal rotation positive, impingement II passive internal rotation with 90 degrees of flexion positive, impingement III 90 degrees active abduction classic painful positive. The injured worker's medications were Ultram 50 mg 1 to 2 tabs a day, Fexmid 7.5 mg 1 to 2 tabs a day and Dendracin as needed for pain. The treatment plan was for the request of an MRI with intravenous contrast of the right shoulder. There was no rationale for the request provided with documentation submitted for review. The Request for Authorization Form was not provided with documentation submitted for review.

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

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

**MRI with intravenous contrast of the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

**Decision rationale:** The request for an MRI with intravenous contrast of the right shoulder is not medically necessary. According to the California MTUS/ACOEM, the primary criteria for ordering imaging studies are emergence of red flag indications of intra-abdominal or cardiac problems presented as shoulder problems. Physiologic evidence of tissue insult or neurovascular dysfunction such as cervical nerve root problems presenting as shoulder pain weakness from massive rotator cuff tear at the presence edema, cyanosis, or Raynaud's phenomenon, failure to progress in a strengthening program intended to avoid surgery, notification of the anatomy prior to an invasive procedure such as full thickness rotator cuff tear not responding to conservative treatment. The injured worker complained of shoulder pain. The documentation that was provided was unable to be deciphered. Furthermore, there is no documentation of failure of conservative treatment on abnormal finding of the shoulder. Therefore, at this time, the request is not medically necessary. Therefore, as such, the request for MRI with intravenous contrast of the right shoulder is not medically necessary.