

<b>Case Number:</b>	CM13-0045640		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey  
 Certification(s)/Specialty: Family Practice

### 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 76 year old male, who sustained an industrial injury on August 1, 2013 after falling, landing forward on asphalt with outstretched hands. He has reported headache, left wrist pain and right elbow pain. The diagnoses have included shoulder sprain/strain, blunt head trauma, right elbow contusion, and sprain/strain of the knee, hand, and wrist. Treatment to date has included physical therapy and pain medications. On 9/6/13, the injured worker complained to her treating physician of occasional headache, decreased swelling of the left hand, and continued pain of the right elbow and bilateral hands, and persistent right shoulder pain. The treating physician noted decreased range of motion of the right shoulder, positive Crank test, and negative Feagin's test with increased pain with movement. The treating physician is requesting a Magnetic Resonance Imaging (MRI) of the right shoulder as the provider thought that considering his age and duration of persistent stiffness and pain in his right shoulder, that he could have internal derangement. On October 9, 2013 Utilization Review non-certified the request for the Magnetic Resonance Imaging (MRI) of the right shoulder noting the MTUS and ACOEM 2008 guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI RIGHT SHOULDER WITHOUT CONTRAST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

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

**Decision rationale:** The MTUS Guidelines state that special testing such as MRIs for most patients with shoulder problems are not needed unless a four to six-week period of conservative care and observation fails to improve symptoms and are not recommended earlier than this unless red flags are noted on history or examination that raise suspicion of a serious shoulder condition. Muscle strains do not warrant special testing. Even cases of impingement or muscle tears of the shoulder area should be treated conservatively first, and only when considering surgery would testing such as MRI be helpful or warranted. After the initial course of conservative treatment over the 4-6 week period after the injury, MRI may be considered to help clarify the diagnosis in order to change the plan for reconditioning. The criteria for MRI of the shoulder include 1. Emergence of a red flag (intra-abdominal or cardiac problems presenting as shoulder problems), 2. physiologic evidence of tissue insult or neurovascular dysfunction such as cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis, or Raynauds phenomenon, 3. failure to progress in a strengthening program intended to avoid surgery, and 4. Clarification of the anatomy prior to an invasive procedure such as in the case of a full thickness tear not responding to conservative treatment. In the case of this worker, although persistent pain and stiffness is present in the history, there was insufficient evidence for any internal derangement of the right shoulder. A positive Crank test (pain) is not specific enough of a test by itself to determine if there is any labral tear. Also, no red flags or progressive decline is documented in the progress notes. Imaging at this point would only be indicated if the worker and provider were seriously discussing and considering surgery as the next option, which was not included in the notes. Therefore, the right shoulder MRI will not be considered medically necessary.