

<b>Case Number:</b>	CM14-0171430		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	06/01/2012
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Rehab, has a subspecialty in Interventional spine 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 patient is a 48 year old male with an injury date on 06/01/2012. Based on the 09/04/2014 progress report provided by the treating physician, the diagnoses are:1. Clinical evidence of rotator cuff tear of both shoulders2. Lateral epicondylitis of both elbows3. Possible cubital tunnel syndrome of both elbows, and carpal tunnel syndrome of the bilateral wrists4. Status post tunnel release of the right wrist According to this report, the patient complains of "bilateral shoulder pain and weakness that is exacerbated by overhead activities, bilateral elbow pain and tightness, and bilateral wrist pain with weakness, numbness and tingling." Physical exam reveals "tenderness about the anterior aspects of both shoulders. Range of motion of both shoulders is limited, with 150 degrees of abduction and 140 degrees of forward flexion, motor strength is 4+/5. Arm circumferences are equal bilaterally. Impingement tests I and II are positive." According to the treating physician, X-ray of the bilateral shoulder shows "spurring on the undersurface of the acromion." X-ray report was not included in the file for review. Date of the image studies is unknown. The 08/12/2014 report indicates the pain of the right shoulder is a 5/10 that is stabbing and achy-type pain. Range of motion of the right shoulder is decreased and painful. Apprehension test, Neer's, Hawkin's test, and Impingement tests I and II are positive on the right. There were no other significant findings noted on this report. The utilization review denied the request for MRI of the right shoulder and left shoulder on 09/24/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 05/05/2014 to 09/04/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI, right shoulder:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): pages 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter: Magnetic resonance imaging (MRI)

**Decision rationale:** According to the 09/04/2014 report, this patient presents with "bilateral shoulder pain and weakness that is exacerbated by overhead activities." Per this report, the current request is for MRI, right shoulder. ACOEM guidelines has the following regarding shoulder MRI: (pp207-208): "Primary criteria for ordering imaging studies : Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon)." Furthermore, ODG guidelines states "Recommended" with indications of acute shoulder trauma; suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; subacute shoulder pain; and suspect instability/labral tear. Review of the provided reports does not show evidence of prior MRI of the right shoulder. In this case, the patient has right shoulder pain with weakness, age > 40, positive Apprehension test, Neer's, Hawkin's, and Impingement tests I and II on the right. The patient has failed conservative care with persistent pain and reduced range of motion. The patient's clinical presentation indicates some suspicion for instability or internal derangement and an investigation with an MRI appears medically reasonable. The current request is medically necessary.

**MRI, left shoulder:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter: Magnetic resonance imaging (MRI)

**Decision rationale:** According to the 09/04/2014 report, this patient presents with "bilateral shoulder pain and weakness that is exacerbated by overhead activities." Per this report, the current request is for MRI, right shoulder. ACOEM guidelines has the following regarding shoulder MRI: (pp207-208): "Primary criteria for ordering imaging studies : Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon)." Furthermore, ODG guidelines states "Recommended" with indications of acute shoulder trauma; suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; subacute shoulder pain; and suspect instability/labral tear. Review of the provided reports does not show evidence of prior MRI of the right shoulder. In this case, the patient has right shoulder pain with weakness, age > 40, positive Apprehension test, Neer's,

Hawkin's, and Impingement tests I and II on the right. The patient has failed conservative care with persistent pain and reduced range of motion. The patient's clinical presentation indicates some suspicion for instability or internal derangement and an investigation with an MRI appears medically reasonable. The current request is medically necessary.