

<b>Case Number:</b>	CM14-0196441		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	04/20/2012
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 54 year old patient with date of injury of 04/20/2012. Medical records indicate the patient is undergoing treatment for s/p right wrist surgery, medial nerve compression, cervico-brachial syndrome, cervical myalgia and myositis, tenosynovitis bilateral wrists, post-traumatic anxiety and depression, probably post traumatic insomnia and shoulder pain. Subjective complaints include left hand pain, rated 7/10 and described as aching, sharp stabbing and throbbing; right hand pain rated 9/10 described as severe, aching and throbbing; left wrist pain rated 7/10, described as moderate, aching, sharp stabbing and throbbing; right wrist pain rated 9/10, described as severe, aching, sharp, stabbing and throbbing; right arm pain rated 8/10 described as aching, burning and tingling. The patient's posterior neck pain was rated 8/10 and described as moderate, aching, sharp and throbbing. The patient has left fourth finger pain rated 7/10 and described as moderate, aching, dull, sharp, stabbing and throbbing; right second finger pain rated 9/10, described as aching, dull, sharp, stabbing and throbbing. Objective findings include cervical range of motion - flexion 45 degrees, extension 50, bilateral lateral flexion 40, bilateral rotation 80; left shoulder range of motion - flexion 180, extension 50, abduction 180, adduction 50, internal rotation 70, external rotation 80; right shoulder range of motion - flexion 130, extension 40, abduction 120, adduction 40, internal and external rotation 60; cervical compression, Foraminal compression bilaterally, Jackson's compression bilaterally, Soto Hall and shoulder depressor bilaterally were all positive; shoulder exam reveals positive Hawkins, Neer's and mild AC impingement on the right as well as weakness. Treatment has consisted of Gabapentin, Tizanidine, Omeprazole, Tramadol and Prozac. The utilization review determination was rendered on 11/10/2014 recommending non-certification of Right shoulder MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder MRI:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209, 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic resonance imaging (MRI)

**Decision rationale:** ACOEM states 'Primary criteria for ordering imaging studies are- Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems)- 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)- Failure to progress in a strengthening program intended to avoid surgery.- Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)" ODG states "Indications for imaging Magnetic resonance imaging (MRI) - Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs- Sub acute shoulder pain, suspect instability/labral tear- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The treating physician has documented positive Hawkin, Neer's and mild AC impingement tests along with mild weakness in abduction and isolated strength testing of supraspinatus. The treating physician has provided medical documentation to meet the above guidelines. As such, the request for Right shoulder MRI is medically necessary.