

<b>Case Number:</b>	CM14-0202033		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	07/25/2012
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 56 year old female with a date of injury of 7/25/12. According to the treatment report dated 10/28/14, the patient presents with neck, low back, right shoulder, right hip and right knee pain. The patient last received treatment on 10/16/13, when she underwent an EMG/NCV performed by [REDACTED]. The study revealed bilateral carpal tunnel syndrome. Since then the patient has been working her usual and customary duties. In regards to the cervical spine, examination revealed tenderness and tightness on the right side. There was no spasm; swelling and normal lordosis was noted. Range of motion was within normal range and Spurling's test is negative. Examination of the bilateral shoulders revealed tenderness and weakness about the right rotator cuff. Range of motion on the right was flexion 160 degrees, abduction 160 degrees and internal rotation 60 degrees. There is positive Hawkins, Neer's and impingement test on the right. X-ray of the cervical spine dated 3/14/14, w revealed "consistent with muscle spasm posteriorly. There was disc space narrowing and osteophyte formation at C5-6 and C6-7." The listed diagnoses are:1. Bulging disc of c-spine, 3mm at C4-C7 confirmed by MRI dated 8/5/132. Right shoulder impingement syndrome3. Rotator cuff tendinitis with probable rotator cuff tear4. Musculoligamentous strain of the lumbar spine5. Right hip iliotibial band tendinitis6. Right knee internal derangement, probably medial meniscus tear The request is for "MRI studies of the right shoulder." The treating physician states that the patient is 2 years post injury and still quite symptomatic with loss of range of motion and positive impingement sign implicating rotator cuff or labral injury. The Utilization review denied the request on 11/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI upper extremity w/o dye:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

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

**Decision rationale:** This patient presents with neck, low back, right shoulder, right hip and right knee pain. The current request is for MRI upper extremity w/o dye. On 10/28/14, the physician reported concerns as the "patient is 2 years post injury and still symptomatic with significant loss of range of motion and positive impingement sign implicating rotator cuff or labral injury." The Utilization review denied the request stating that "there is no documentation of recent conservative therapy or an injection." The ACOEM Guidelines has the following regarding shoulder MRI on pages 207 and 208, "Routine testing (laboratory test, plain film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raise a suspicion of a serious shoulder condition or referred pain." ODG Guidelines under the shoulder chapter supports MRI of the shoulder if conservative measures have failed and rotator cuff/labral tear are suspected. In this case, the physician has documented concerns of possible labral tear with examination showing limited range of motion, and positive impingement sign. The medical report dated 10/28/14 noted that failure of conservative treatment included physical therapy and acupuncture. The requested MRI is medically necessary.