

<b>Case Number:</b>	CM14-0037714		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	06/13/2006
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 Family Medicine, 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:

This 58-year old woman reported a right shoulder injury due to unloading/handling equipment at a show on 6/13/06. According to the Utilization Review (UR) report of 2/2/6/14, treatment has included medications, physical therapy, acupuncture, TENS, and injections. An MR arthrogram was performed on 6/19/12, which showed a pectoralis tear and impingement, according to an initial physical therapy note dated 7/16/13. Nerve conduction studies were apparently performed on the same date, but results are not recorded in the records. The available records contain notes from the patient's current primary treater dating from 7/23/13 to 2/10/14. All of the notes document that the patient is not working. All of the notes document pain and limitation of movement of the right shoulder. The pain and range of motion steadily improved through 8/29/13, when she was noted to have intermittent pain and nearly full shoulder abduction (170/180 degrees). She was finding physical therapy beneficial. On 10/22/13, she told her provider that she had been in an AC transit bus accident on 10/19/13, during which she had been thrown several feet and had struck a metal bar. Her shoulder pain had increased, but her range of motion was unchanged (abduction 170/180 degrees). No imaging studies were performed, and no new treatment was requested. The next available progress note is dated 2/10/14. It is not clear what occurred in the interim between the two visits. The patient's complaints on 2/14/14 included severe pain and weakness in her shoulder, with pain, numbness and tingling radiating down her arm. Exam findings included tenderness of the rotator cuff, the shoulder girdle, neck and biceps tendon. Shoulder abduction, internal and external rotation was weak. Shoulder abduction was 90-110 degrees, with pain. Several impingement signs were positive. Diagnoses of impingement syndrome and thoracic strain were unchanged from previous visits. Treatment plan include a request for authorization of diclofenac sodium, for 12 additional PT sessions, and for MRI of the right shoulder "to evaluate for changes and possible tear as she has quite a bit of

weakness".The request for the MRI was non-certified in UR on 2/26/14 on the basis that it would be prudent to obtain plain x-rays and review the previous MR arthrogram first, and because physical therapy had been approved and had presumably been requested with the expectation of functional gains and therapeutic benefits.

### **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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202,208,214,Chronic Pain Treatment Guidelines Page(s): 10.

**Decision rationale:** The MTUS Chronic Pain Guidelines do not specifically address lumbar MRIs. However, per page 10 of the Guidelines, when a patient is diagnosed with chronic pain and the treatment for the condition is covered in the clinical topics sections but is not addressed in the chronic pain medical treatment guidelines, the clinical topics section applies to that treatment. According to the clinical topics chapter on the shoulder, MRI is not indicated for diagnosis of impingement syndrome alone. Imaging may be considered for a patient who has limitations due to consistent symptoms for a month or more, when surgery is being considered for a specific anatomic defect such as a full thickness rotator cuff tear. Routine MRI or arthrography is not recommended for evaluation without surgical indications. The clinical documentation in this case does not support the performance of a shoulder MRI on this patient. It appears that the patient did not see the provider for a period of nearly four months, and then came in with shoulder pain which was much worse than it had been previously. Her symptoms are suggestive of cervical radiculopathy, for which the appropriate diagnostic study would not be a shoulder MRI. The provider did not document how long the increased pain had been present, or if there was an event that could have caused it. His diagnosis of impingement syndrome was unchanged from previous visits, and he ordered physical therapy, which has been authorized. He has not documented any plan to perform surgery. Based on the MTUS citations above, an MRI of the right shoulder is not medically necessary.