

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0040092 |                              |            |
| <b>Date Assigned:</b> | 06/27/2014   | <b>Date of Injury:</b>       | 09/24/2010 |
| <b>Decision Date:</b> | 05/06/2015   | <b>UR Denial Date:</b>       | 03/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/04/2014 |

### 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. 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

### 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 43 year old female, who sustained an industrial injury on September 24, 2010. The exact mechanism of injury is unknown. The injured worker was diagnosed as having cervical cervicothoracic sprain/strain, sprain/strain of bilateral shoulders/upper arm and bilateral elbow medial epicondylitis. Treatment to date has included physical therapy, acupuncture, diagnostic studies, medications and surgery. On July 7, 2014, the injured worker complained of neck area pain radiating to the upper back and parascapular and intrascapular areas. The pain was described as constant and rated a 3 on a 1-10 pain scale, but could go as high as 6/10 on the pain scale with activity. Rest and medications were noted to improve the pain. The treatment plan included work restrictions, orthopedic care as needed, medication, physical therapy, acupuncture, chiropractic treatment and a trial of injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) Left Shoulder:** 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, 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, Subacute 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. (Mays, 2008) There are multiple mentions in the available medical record of normal symmetrical shoulder rotation and strength as well as statements that there is no true shoulder pathology. The treating physician includes a letter stating that on a FEB 2014 examination there was decreased range of motion and a positive impingement sign. The examination he mentions could not be located in the available record. However, there are physical examination notes dated post FEB 2014 that do not reproduce the findings quoted by the treating physician and in fact state that myofascial pain is the root of the shoulder dysfunction and not RC tendinopathy. Further the treating physician also notes that plain x-rays (also not in the records) were abnormal which, as noted above may be cause to preclude performance of an MRI study. Based on the available medical record there is no indication of "red flags" or evidence of failure of conservative therapy. As such the request for an MRI of the left shoulder is deemed not medically necessary.