

<b>Case Number:</b>	CM15-0001898		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	07/29/2011
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 51-year-old female who reported an injury on 07/29/2011. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of cervical spondylosis with myelopathy, rotator cuff syndrome of bilateral shoulders, lateral epicondylitis of the elbow, carpal tunnel syndrome, tendinitis/bursitis of the hands and wrists, and aftercare of surgery of musculoskeletal system right shoulder, right elbow, and right wrist. Past medical treatment consists of surgery, therapy, and medication therapy. On 09/09/2014, the injured worker underwent an NCV/EMG of the upper extremities, which revealed borderline median nerve compromise of both wrists. On 10/10/2014, the injured worker complained of bilateral shoulder pain. The injured worker described the pain as constant. It was also noted that it was aggravated by lifting eh arms. Physical examination of the shoulders revealed postsurgical scars noted on the right. There were 2+ spasm and tenderness to the bilateral upper shoulder muscles and bilateral rotator cuff muscles. Speed's test was positive on the right. Supraspinatus test was positive on the right. The medical treatment plan is for the injured worker to undergo a urinalysis and MRI of the bilateral shoulders. A rationale and request for authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3D MRI of the bilateral shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG

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

**Decision rationale:** The request for 3D MRI of the bilateral shoulders is not medically necessary. The CA MTUS/ACOEM Guidelines state that before ordering imaging studies, the following criteria should be met: emergence of red flags, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and/or clarification of the anatomy prior to an invasive procedure. It was noted in the submitted documentation that the injured worker was post-op shoulder surgery. However, it did not indicate or specify what type of surgery, or when the surgery took place. Additionally, there was evidence of physiologic evidence of spasm and tenderness at the right shoulder. There was also a positive Speed's test. However, there was no evidence of weakness, presence of edema, or cyanosis. Additionally, there were no pain assessments indicating what pain levels were at the shoulders bilaterally. Relying on an imaging study to evaluate the source of shoulder symptoms carries a significant risk of diagnostic confusion because of the possibility of identifying a finding that was present before symptoms began and has no temporal association with symptoms. Given the above, the request would not be indicated. As such, the request is not medically necessary.