

<b>Case Number:</b>	CM15-0005994		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	08/07/2012
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: Hawaii, California

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

### 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 47 year old male who sustained a work related injury on August 7, 2012, after dumping trash into a truck a feeling right shoulder and chest pain. Treatment included physical therapy, acupuncture and medications. Magnetic Resonance Imaging (MRI) revealed subacromial sub deltoid bursitis and tendinitis with no rotator cuff tear. Currently, he complains of ongoing pain in the right shoulder that radiates into the right side of the chest. He continued with pain medications and home exercises. Diagnoses included right chest wall contusion, right shoulder sprain and contusion injury, myofascial pain syndrome and right shoulder rotator cuff injury. On December 16, 2014, a request for a Magnetic Resonance Imaging (MRI) of the right chest/pectorals was non-certified by Utilization Review, noting the American College of Radiology Appropriateness Criteria.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Right Chest/Pectoralis:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 207-209,213. Decision based on Non-MTUS Citation UpToDate.com, Magnetic resonance imaging of the thorax

**Decision rationale:** MTUS only discusses chest in the context that a chest radiograph may be warranted to clarify apparent referred cardiac pain. Chest radiographs may be needed to elucidate shoulder pain that could be the result of pneumothorax, apical lung tumor, or other apical disease such as tuberculosis. UpToDate states: MRI is an important tool in the evaluation of chest structures. Although CT plays a primary role in noncardiac chest imaging, the multiplanar capabilities and excellent tissue contrast of MRI make it equal or superior to CT in several areas including:-Assessment of the lung apices, diaphragm, and spinal column-Evaluation of pleural disease-Evaluation of paraspinal masses-Assessment of local tumor extension, particularly chest wall invasion, and delineation of blood vessel invasion-Metastatic invasion of bone marrow-Certain aspects of staging of bronchogenic carcinoma; however, MRI still plays an adjunctive role to CT in this setting. The medical records do not detail concerns regarding any of the above conditions where an MRI of the chest would be indicated. As such, the request for MRI of the Chest is not medically necessary at this time.