

<b>Case Number:</b>	CM15-0007151		
<b>Date Assigned:</b>	01/22/2015	<b>Date of Injury:</b>	07/17/2012
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 67 year old female, who sustained an industrial injury on July 17, 2012. She has reported injury from a motor vehicle accident. The diagnoses have included dizziness, headaches, right shoulder pain, lumbosacral strain, cervical/neck pain, low back pain, cervical strain and postconcussion syndrome. Treatment to date has included diagnostic studies, H-wave machine, cervical collar, physical therapy and medications. Currently, the injured worker complains of issues with equilibrium and an occasional spinning sensation when she turns around. She occasionally loses her balance and feels dizzy. She also complains of pain in her neck and right occipital region. The neck pain radiated up toward to the right occipital region and is intermittent. She complains of right shoulder pain and feels a burning sensation in the scapular region. The pain radiates up toward her neck and down toward her upper arm. On December 31, 2014, Utilization Review non-certified magnetic resonance imaging of the upper extremity without dye, noting the Official Disability Guidelines. On January 13, 2015, the injured worker submitted an application for Independent Medical Review for review of magnetic resonance imaging of the upper extremity without dye.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI joint upper extremity without dye:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index-Low Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Elbow (Acute & Chronic) Chapter, Magnetic resonance imaging (MRI) Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI)

**Decision rationale:** Based on the 12/18/14 progress report provided by treating physician, the patient presents with right shoulder, neck and back pain. The request is for MRI joint upper extremity without dye. Patient's diagnosis on 12/18/14 included right shoulder strain/sprain, right shoulder tendinosis, rule out shoulder impingement syndrome, cervical and thoracic musculoligamentous strain/sprain. Treatment rendered included Mobic, interferential unit, and hot and cold unit. Provider requests MRI of the right shoulder and consultation with neurologist, per provider report dated 12/18/14 and Request for Authorization form dated 12/18/14. Per progress report dated 10/08/14, the patient had MRI of the shoulder which revealed rotator cuff tear. The patient is temporarily totally disabled. Provider has not provided reason for requesting MRI joint upper extremity without dye. Provider has not indicated whether it is for the right or left side. There are no physical examinations pertaining to the upper extremities in medical records. It appears the request is for a repeat right shoulder MRI, as there is no mention of complaints indicated by guidelines for the upper extremities. Provider has not provided reason for requesting repeat shoulder MRI, either. ODG does not recommend routine repeat MRI of the shoulder unless there is a significant change in symptoms or findings suggestive of significant pathology, which provider has not discussed. Therefore, the request is not medically necessary.