

<b>Case Number:</b>	CM15-0101645		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	12/14/2014
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 (IW) is a 37 year old female who sustained an industrial injury on 12/14/2014. She reported repetitive injury with pain in the left side of the neck, left elbow and intermittent tingling of the left fourth and fifth fingers. The injured worker was diagnosed as having carpal tunnel syndrome, ulnar nerve lesion, and rotator cuff syndrome not otherwise specified. Treatment to date has included EMG testing and medications and hot packs for pain. Currently, the injured worker complains of pain in the left shoulder and neck area with tingling in numbness over the ulnar aspect of the left hand and forearm. On palpation the left shoulder is non-tender and there are no deficits in range of motion in either shoulder. She complains of pain with extreme range of motion of the left shoulder, and has impingement that is positive on the left. There is no laxity of the left shoulder ligaments. Reflexes and muscle strength are normal, and Tinel's is positive overlying the left medial nerve wrist. Phalen's test is positive on the left. Elbow flexion test is positive on the left, and sensation to light touch and pinprick is diminished in the left hand ulnar nerve distribution. The sensation to light touch and pinprick was otherwise intact. An electromyogram and nerve conduction study of the left upper extremity (03/31/2015) was normal with no evidence of carpal tunnel, ulnar neuropathy, radial neuropathy, or cervical radiculopathy. The treatment plan is to give Tylenol for pain and to schedule a MRI of the left shoulder. A request for authorization was made for MRI without Contrast of the Left Shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without Contrast of the Left Shoulder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 208.

**Decision rationale:** The ACOEM chapter on shoulder complaints and imaging studies 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 Reynaud'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). The criteria as set forth above for imaging studies of the shoulder have not been met from review of the provided clinical documentation. Therefore, the request is not medically necessary.