

<b>Case Number:</b>	CM15-0130318		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	11/15/2013
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: 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 is a 36 year old female, who sustained an industrial injury on November 15, 2013. The injured worker was diagnosed as having shoulder sprain/strain. Treatment to date has included physical therapy. A progress note dated March 31, 2015 provides the injured worker complains of right shoulder pain rated 4-7/10. Physical exam notes 7/10 pain with range of motion (ROM) that is decreased. There is diffuse tenderness of the shoulder and trapezius area. The plan includes follow-up, right shoulder magnetic resonance imaging (MRI) and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200, Table 9-1, 9-6 and Algorithm 9-6.

**Decision rationale:** The MTUS / ACOEM Guidelines comment on the evaluation and management of shoulder conditions. In determining the need for imaging, such as with an MRI, the clinician should assess the patient for the presence of red flag symptoms which may suggest a more serious underlying condition. These red flag symptoms are described in Table 9-1 of the MTUS/ACOEM Chapter. Based on the medical records, there is no evidence this patient has any of the above cited red flag symptoms. In Table 9-6 of these MTUS guidelines, the use of a routine MRI of the shoulder for evaluation without surgical indications is not recommended. There is no evidence in the medical records that the patient is under consideration for surgical evaluation. Further, Algorithm 9-6 describes the approach to a patient who is slow-to-recover with an occupational shoulder injury. The indications for an MRI are not documented in the medical records. This would include more specific examination components of the physical examination such as passive vs active range of motion. There is no documentation in the records of other relevant examination findings described in this chapter. These are described as follows on Page 200: A shoulder examination includes the neck region as well as the shoulder. Ask the patient to point to the area of discomfort with one finger. The range of motion of the shoulder should be determined actively and passively. The examiner may determine passive ROM by eliminating gravity in the pendulum position or by using the other arm to aid elevation. Atrophy of the deltoid or scapular muscles is an objective finding but arises only after weeks to months of symptoms. Deformities due to AC separations are visible, objective findings, as are signs of infection (elevated temperature, redness, heat, fluctuance) or gross tumor (visible vessels, palpable mass). The impingement sign of Neer and the modified impingement sign of Hawkins can be used to test for rotator cuff impingement. The apprehension test can be used to help detect dislocation (a positive test indicates glenohumeral instability, often due to previous dislocation). Strength of the supraspinatus and infraspinatus can be tested to diagnose rotator cuff tear or tendonopathy. Given the lack of documentation of the above noted examination findings and the MTUS recommendations that MRI imaging is done in the context of surgical consideration, there is insufficient justification for the use of an MRI of the right shoulder. This test is not medically necessary.