

<b>Case Number:</b>	CM15-0130376		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	04/03/2008
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Texas, 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:

This is a 53-year-old male patient who sustained an injury on April 3, 2008. The current diagnoses include right neck, shoulder, and arm pain with paresthesias; possible cervical radiculopathy with possible rotator cuff tendonitis. He sustained the injury secondary to pushing a dolly. Per the progress note dated June 5, 2015 he had complaints of pain along the right neck, shoulder, and arm; pain rated at a level of 5-10/10; numbness and tingling over the right forearm and palm; pain radiates from the wrist to the shoulder/neck. The physical examination revealed tenderness to palpation diffusely along the right neck and shoulder girdle; decreased and painful range of motion of the neck; decreased and painful range of motion of the right shoulder; decreased strength over the right shoulder abductors; decreased sensation diffusely along the right arm including C5, C6, and C7 dermatomes. The medications list includes gabapentin and voltaren gel. Previous diagnostic study reports were not specified in the records provided. Treatments to date have included physical therapy, trigger point injections, and medications. The treating physician documented a plan of care that included a magnetic resonance imaging of the right shoulder without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI, right shoulder without contrast:** 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): page 207.

**Decision rationale:** Q- MRI, right shoulder without contrast. According to ACOEM guidelines cited below, for most patients, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. 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 Raynaud'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)." Patient had pain along the right neck, shoulder, and arm with numbness and tingling over the right forearm and palm. The physical examination revealed tenderness to palpation diffusely along the right neck and shoulder girdle; decreased and painful range of motion of the neck; decreased and painful range of motion of the right shoulder; decreased strength over the right shoulder abductors; decreased sensation diffusely along the right arm including C5, C6, and C7 dermatomes. The duration of these symptoms and signs of the right shoulder was not specified in the records provided. Any prior diagnostic study reports since date of injury in 2008 were not specified in the records provided. A recent right shoulder X-ray report is also not specified in the records provided. Response to previous conservative therapy including physical therapy and pharmacotherapy was not specified in the records provided. The medical necessity of MRI, right shoulder without contrast is not established for this patient.