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| <b>Case Number:</b>   | CM15-0137710 |                              |            |
| <b>Date Assigned:</b> | 07/27/2015   | <b>Date of Injury:</b>       | 06/06/2014 |
| <b>Decision Date:</b> | 08/24/2015   | <b>UR Denial Date:</b>       | 06/24/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/16/2015 |

### 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, Pain Management

### 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 58 year old female who sustained an industrial injury on 6/6/14. She had complaints of right shoulder, left wrist, left hand, and low back pain. Treatments include: medication, physical therapy and injections. Progress report dated 6/11/15 reports continued complaints of pain. The right shoulder has pain and stiffness, with popping, clicking and grinding sensations. The left wrist and hand have pain and stiffness with numbness and tingling in the left upper extremity. She also has cramping and weakness in her left hand. The low back has constant pain and stiffness radiating down both legs with numbness, and tingling in the legs. Neck pain is also reported. Diagnoses include: tendinitis/impingement syndrome right shoulder, tendinitis left wrist, lumbar spine sprain and strain with probable associated discopathy and clinical bilateral lower extremity radiculopathy. Plan of care includes: prescriptions provided to begin conservative treatment consisting of symptomatic medications, refer for MRI of right shoulder and lumbar spine and updated EMG and nerve conduction studies of the upper extremities to rule out carpal tunnel syndrome. Work status: temporarily totally disabled. Follow up in 4 weeks. A report dated June 11, 2015 states that the patient had MRI scans in 2014. Surgery was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI, right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Magnetic resonance imaging (MRI).

**Decision rationale:** Regarding the request for repeat MRI of the shoulder, Occupational Medicine Practice Guidelines state that more specialized imaging studies are not recommended during the 1st month to 6 weeks of activity limitation due to shoulder symptoms except when a red flag is noted on history or examination. Cases of impingement syndrome are managed the same whether or not radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Guidelines go on to recommend imaging studies for physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. ODG recommends MRI of the shoulder for subacute shoulder pain with suspicion of instability/labral tear or following acute shoulder trauma with suspicion of rotator cuff tear/impingement with normal plain film radiographs. ODG goes on to state that they repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation available for review, it appears that the patient underwent an MRI last year. There is no indication of any significant change in the patient symptoms and/or findings suggesting a significant worsening of the patient's pathology or a new issue, which needs to be evaluated by repeat MRI. In the absence of clarity regarding those issues, the currently requested repeat shoulder MRI is not medically necessary.