

<b>Case Number:</b>	CM15-0142047		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	05/13/2014
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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, Hawaii

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 60 year old female, who sustained an industrial injury on 5-13-14. Initial complaints were of a fall type injury to cervical; lumbar spine; bilateral shoulders and upper extremities; right thigh; right knee; left foot. The injured worker was diagnosed as having neck pain; shoulder pain. Treatment to date has included physical therapy; urine drug screening; medications. Diagnostics studies included MRI cervical spine; EMG/NCV study bilateral upper extremities; X-rays left shoulder (10-14-14). Currently, the PR-2 notes dated 6-17-15 indicated the injured worker presents in this office for follow-up and ongoing care regarding her pain in the ankle, foot, knee neck, back, shoulder and hand. She presents on this date for the initial evaluation of foot pain. The condition is located in the left 3rd, 4th and 5th toe of the left foot. She indicates when walking her toes "fall asleep". The pain is described as numbness when she walks and the severity of her condition is numbness but no pain. She is experiencing numbness. She also presents for the initial evaluation of an acute knee injury and knee pain on the right. The pain is described as swollen and tingling. She reports the problem location is left patella and left patellar tendon. She indicates bending or sitting does not change the condition, but standing and walking worsens the condition. Severity of the condition is a 2 over 10 and 10 over 10 is at its worst. She is experiencing swelling and numbness. She also presents for an initial evaluation of cervical pain, complaints and discomfort. The pain is described as aching, popping, and she gets headaches every now and again. Her condition is located in the left and right shoulder, left, and right side of the neck. Looking up and down worsens her condition and she experiences weakness in the right and left arm with stiffness and pain on movement and radicular pain in the

shoulders. Severity is rated as 7 over 10. She complains of back pain, low back pain and lumbar complaints. The severity is rated 6 over 10. She experiences weakness in the right and left legs and aching. The back pain shoots down the legs and indicates stretching does not change the condition but lifting, standing and sitting worsen the pain. She also complains of bilateral shoulder pain with a severity of 10 over 10. It is described as aching, tender, weakness and soreness. She indicates everyday use does not change the condition but lifting worsens it. She also reports hand and wrist pain. It is located in the right hand and right palm with swelling and tenderness and weakness. The severity is 7 over 10 and described as aching, tender, weakness, and soreness. Everyday use does not change the condition and lifting makes it worse. X-rays of the left shoulder dated 10-14-14 are documented by the provider as impression of minimal degenerative change at the acromioclavicular joint with small osteophyte formation. X-rays of the bilateral knee on this same date reveal unremarkable radiograph of the knees. X-rays of the lumbar spine on this date reveal transitional vertebral body at the lumbosacral junction. The provider documents most likely injuries involving the cervical disk-facet complex, shoulder impingement; upper extremity neuropathic entrapment; lumbar disc; sacroiliac joints. The injured worker is not noted to have had any surgical intervention. The provider is requesting authorization of MRI of the right shoulder.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI of the right shoulder:** Overturned

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

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

**Decision rationale:** The patient presents with pain in the ankle, foot, knee, neck, back, shoulder, and hand. The current request is for MRI of the right shoulder. The treating physician states, in a report dated 06/17/15, "I am requesting MRI of the cervical spine, lumbar spine, and right shoulder." The MTUS guidelines are silent on the issue of MRIs. The ODG guidelines state that for acute shoulder trauma an MRI is warranted for patients that are suspect for rotator cuff tear/impingement, over age 40 and normal plain radiographs. The medical records show that the patient has not improved with physical therapy treatment; the x-ray notes indicate that there are minimal degenerative changes at the A/C joint with small osteophyte formation; the patient is 60 years old and the treating physician suspect's rotator cuff injury. There is no documentation of prior right shoulder MRI scan. The current request is medically necessary.