

<b>Case Number:</b>	CM15-0145766		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	04/15/2013
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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:

The injured worker is a 57 year old male who sustained an industrial injury on 4-15-13 as a result of landing on his right shoulder after being "thrown back". He underwent an MRI and diagnosed with partial thickness right rotator cuff tear, possible right shoulder adhesive capsulitis, cervical brachial syndrome, numbness right hand, and possible carpal tunnel syndrome. Surgery was recommended. The details of right shoulder MRI was not specified in the records specified. The PR-2 dated 11-26-14 indicates daily left shoulder pain, which worsens with overhead reaching. It also indicates that the injured worker is "frustrated with his symptoms". He continues to report "ongoing limitations and pain" following his June 2014 surgery. Diagnoses at that time were elbow pain, shoulder pain, chronic pain syndrome, carpal tunnel syndrome, arthropathy involving shoulder region, rotator cuff syndrome, and cervicalgia. An MRI dated 9-26-14 revealed a left full-thickness rotator cuff tear. Treatment recommendations were for continued rehab for the right shoulder and surgery for the left shoulder. Nerve conduction studies were also recommended for the right upper extremity. The detailed report of Nerve conduction studies was not specified in the records specified. As of March 2015, surgery on his left shoulder had not been completed, as the injured worker was still having increased pain and limitations of his right shoulder. The surgeon documented that he will defer the surgery until the injured worker has full use of his right upper extremity. In May 2015 in response to denial of MRI of the cervical spine, the physician indicated that the injured worker's case is one "with chronic neck pain that has been refractory to conservative care". It also states that the MRI would be used to determine if there is a lesion that would predictably improve with surgical treatment. The treatment plan was

to continue with physical therapy. In the July 2015 note, the injured worker has had recurrence of the pain and discomfort in his right shoulder and upper extremity. He also complains of persistent numbness and tingling in the right hand fingers. The note states that he is scheduled for nerve conduction studies the following week, however, later explains that the study has been denied and there is an appeal in process. An MRI of the right shoulder was recommended to "determine the integrity of the reconstructive work" of the right shoulder, to determine the cause of the injured worker's ongoing symptoms. Per the note dated 6/17/15 the patient had complaints of pain in neck and right shoulder with numbness in right hand. Physical examination of the right shoulder revealed tenderness on palpation, limited range of motion and positive impingement sign and abduction sign. The patient has had MRI of the left shoulder on 9/26/2014 that revealed full thickness RCT. The patient's surgical history include right shoulder surgery in June 2014. The medication list include Hydrocodone, Metformin, Tylenol, Flanax and Ibuprofen. The patient had received an unspecified number of PT visits for this injury.

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

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

#### **Outpatient MRI of the right shoulder: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Repeat MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

**Decision rationale:** Request Outpatient MRI of the right shoulder. 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)." He underwent an MRI and diagnosed with partial thickness right rotator cuff tear, possible right shoulder adhesive capsulitis, cervical brachial syndrome, numbness right hand, and possible carpal tunnel syndrome. Surgery was recommended. He continues to report "ongoing limitations and pain" following his June 2014 surgery. In the July 2015 note, the injured worker has had recurrence of the pain and discomfort in his right shoulder and upper extremity. He also complains of persistent numbness and tingling in the right hand fingers. Per the note dated 6/17/15 the patient had complaints of pain in neck and right shoulder with numbness in right hand. Physical examination of the right shoulder revealed tenderness on palpation, limited range of motion and positive impingement sign and abduction sign. The patient's surgical history include right shoulder surgery in June 2014. The pt has had a conservative treatment with a course of PT and medications without significant improvement in the shoulder symptoms. There was significant physiological evidence of tissue insult. The request for Outpatient MRI of the right shoulder is medically necessary and appropriate for this patient at this time.