

<b>Case Number:</b>	CM15-0148234		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	11/08/2014
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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 59 year old female, who sustained an industrial injury on November 08, 2014. The injured worker reported slipping and falling forward on her buttocks with her hands stretched behind her causing immediate pain to the low back, cervical spine, and bilateral shoulders. The injured worker was diagnosed as having cervical spine sprain and strain, bilateral carpal tunnel syndrome, bilateral shoulder internal derangement, thoracic spine sprain and strain, lumbar spine sprain and strain rule out facet syndrome, coccyx fracture, and costochondritis. Treatment and diagnostic studies to date has included medication regimen, x-rays, physical therapy, acupuncture, magnetic resonance imaging of the lumbar spine, home exercise program, and chiropractic therapy. In a progress note dated July 2, 2015 the treating physician reports constant pain to the cervical spine that radiates to the bilateral shoulders, pain to the bilateral hands with numbness, constant, sharp, stabbing pain to the bilateral shoulders, constant pain to the upper back, constant pain to the low back, and chest pain when lying on the right or left side at night. Examination reveals positive bilateral Kemp's testing, decreased range of motion to the lumbar spine with pain, spasms to the thoracolumbar spine, bilateral positive Phalen's testing, positive bilateral supraspinatus testing, positive Yergason's testing to the left shoulder, decreased range of motion to the bilateral shoulders, decreased motor strength to the bilateral shoulders, positive bilateral cervical distraction testing, positive left maximal foraminal compression, positive left shoulder depression, positive cervical bilateral tenderness to the spinous process, positive cervical paravertebral muscles, and decreased range of motion to the cervical spine. The treating physician requested magnetic resonance imaging of the left shoulder, but the

documentation provided did not indicate the specific reason for the requested study. The patient has had a history of ovarian cancer and hysterectomy and hernia repair. The medication list include Vicodin, Zofran, Soma, Fioricet and Sonata.

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

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

**MRI (Magnetic Resonance Imaging) of the left shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196, 207, 208, 209, 2014.

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

**Decision rationale:** Request - MRI (Magnetic Resonance Imaging) of the left 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)." The injured worker was diagnosed as having bilateral shoulder internal derangement. In a progress note dated July 2, 2015 the treating physician reports constant pain to the cervical spine that radiates to the bilateral shoulders, pain to the bilateral hands with numbness, constant, sharp, stabbing pain to the bilateral shoulders, constant pain to the upper back. Examination reveals positive bilateral Kemp's testing, positive bilateral supraspinatus testing, positive Yergason's testing to the left shoulder, decreased range of motion to the bilateral shoulders, decreased motor strength to the bilateral shoulders, positive left shoulder depression. 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 MRI (Magnetic Resonance Imaging) of the left shoulder is medically necessary and appropriate for this patient at this time.