

<b>Case Number:</b>	CM15-0149525		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	05/03/2012
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: Arizona, Texas  
 Certification(s)/Specialty: Internal Medicine

### 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 53 year old female sustained an industrial injury to the neck and bilateral shoulders, wrists, hands and arms via cumulative trauma from 12-2-11 to 2-12-15. Documentation did not disclose recent magnetic resonance imaging or previous treatment. In a Doctor's First Report of Occupational Injury dated 6-19-15, the injured worker complained of pain to the neck, bilateral shoulders, wrists, hands and arms as well as complaints to the psyche. Physical exam was remarkable for left shoulder with tenderness to palpation, decreased motor strength and decreased range of motion, normal exam of the neck, left wrist with decreased motor strength and pain upon range of motion and bilateral wrists with intact sensation and normal range of motion. X-rays of bilateral knees showed normal preservation of joint space without acute abnormalities and left shoulder x-rays showed normal alignment without acute abnormalities. Current diagnoses included status post left shoulder arthroscopy with persistent pain, left trigger little finger, rule out left carpal tunnel syndrome, stress, bilateral knee pain and bilateral upper extremity rash. The treatment plan included requesting authorization for physical therapy twice a week for six weeks for both knees and the left upper extremity, magnetic resonance imaging arthrogram of the left shoulder due to persistent pain, upper extremity electromyography, dermatology evaluation and psychiatric evaluation due to stress.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Magnetic Resonance Imaging Arthrogram of the Left Shoulder: 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): 207-208.

**Decision rationale:** According to the ACOEM, most patients with shoulder problems, special studies are not needed unless a four-to six-week period of conservative care and observation fails to improve symptoms. Routine testing and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. In this case, the documentation doesn't support that the patient has failed a four-six week period of conservative care. The physical exam doesn't suggest that the patient has any joint instability. The medical necessity for a shoulder MRI arthrogram is not made. Therefore, the request is not medically necessary.