

<b>Case Number:</b>	CM15-0168577		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	10/08/2014
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: North Carolina  
 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 52 year old female, who sustained an industrial-work injury on 10-8-14. She reported initial complaints of pain while lifting to the cervical spine, left shoulder, and upper extremity. The injured worker was diagnosed as having cervical strain, rule out herniated disc, shoulder strain, rule out tendonitis impingement or rotator cuff tear, and left wrist sprain to rule out carpal tunnel syndrome, anxiety, depression, and insomnia. Treatment to date has included medication, diagnostics, chiropractic therapy and acupuncture treatment. Prior MRI imaging was documented to be done on 10-20-14 without available report for review. Currently, the injured worker complains of cervical pain described as sharp, throbbing, and burning and rated 7 out of 10 with radiation down the left arm and upper extremity. There was also left shoulder pain rated 7 out of 10 that was sharp, throbbing, and worse with lifting, pulling, and pushing. Left wrist pain traveled to the hand and rated at 5-8 out of 10. There was also anxiety, depression, and insomnia due to pain along with headaches. Per the primary physician's progress report (PR-2) on 7-15-15, exam noted restricted range of motion, guarding and tenderness at the trapezius, positive Spurling's, decreased bilateral long finger and medial forearm sensation, weakness to the right C5-7 and left C5-6 levels, symmetrical reflexes, restricted range of motion to left shoulder with positive impingement signs. The left wrist had positive Tinel's and Phalen's testing compared to the right. On 8-12-15, pain continued in the neck, shoulder, and wrist. Referral was to psychosocial evaluation due to emotional symptoms. The request for authorization date was 7-15-15 and the requested service included MRI (magnetic resonance imaging) of left shoulder. The utilization review on 8-13-15 denied a request for MRI (magnetic resonance imaging) of left

shoulder for lack of change in symptomology and-or findings suggestive of significant pathology.

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

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

**MRI left Shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**Decision rationale:** The ACOEM chapter on shoulder complaints states: Primary 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 provided medical records for review do not meet criteria as cited above for imaging of the shoulder and the request is not medically necessary.