

<b>Case Number:</b>	CM15-0185015		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	11/05/2012
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: New York  
 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:

The injured worker is a 58 year old female, who sustained an industrial injury on 11-05-2012. The injured worker was diagnosed as having cervical myospasm, cervical sprain-strain, right shoulder myofascitis, right shoulder sprain-strain, status post right shoulder surgery, left shoulder myofascitis, right forearm strain, right wrist myofascitis, right knee sprain-strain, and left knee sprain-strain. Treatment to date has included diagnostics, right shoulder surgery for rotator cuff repair in 4-2013, physical therapy, and medications. On 8-07-2015, the injured worker complains of burning neck pain with radiation to the low back with muscle spasms, bilateral shoulder pain with radiation on the right to the fingers, with numbness and tingling, right forearm pain with radiation to the hand with numbness, right wrist pain, right hand pain with numbness and tingling to the fingers, and bilateral knee pain. Right shoulder pain was rated 9 out of 10 and left shoulder pain was rated 8 out of 10. Exam of the cervical spine noted tenderness to palpation of the bilateral trapezii and spinous processes. Exam of the right shoulder noted no bruising, swelling, atrophy, or lesion and painful range of motion. Exam of the left shoulder noted no bruising, swelling, atrophy, or lesion. Magnetic resonance imaging arthrogram of the right shoulder (8-01-2014) showed acromioclavicular osteoarthritis and "no significant difference as compared to the previous study". Electromyogram and nerve conduction studies of the bilateral upper extremities (7-08-2014) were normal. The treatment plan included physical and chiropractic therapy, durable medical equipment, transdermal creams, and magnetic resonance imaging of the cervical spine, bilateral shoulders, and bilateral knees. She remained off work.

On 9-04-2015 Utilization Review non-certified a request for magnetic resonance imaging of the right and left shoulders.

### **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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI shoulder.

**Decision rationale:** According to the ODG, an MRI of the shoulder is indicated for the evaluation of acute shoulder trauma, suspected rotator cuff tear/impingement, in patients over age 40 with normal plain radiographs, subacute shoulder pain, and suspected instability/labral tear. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the patient is status post right shoulder surgery- extensive glenohumeral debridement, subacromial bursectomy, subacromial decompression, and mini-open rotator cuff repair. She has undergone physical therapy and continues with significant pain with range of motion. The shoulder pain is chronic and is no documentation of a change in medical condition to support the requested MRI studies. Medical necessity for the requested MRI study has not been established. The requested study is not medically necessary.

**MRI of the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI shoulder.

**Decision rationale:** According to the ODG, an MRI of the shoulder is indicated for the evaluation of acute shoulder trauma, suspected rotator cuff tear/impingement, in patients over age 40 with normal plain radiographs, subacute shoulder pain, and suspected instability/labral tear. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the patient has left shoulder pain but there is no documentation of motor weakness in the rotator cuff. There is no documentation of a change in medical condition to support the requested MRI studies. Medical necessity for the requested MRI study has not been established. The requested study is not medically necessary.

