

<b>Case Number:</b>	CM15-0200495		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	05/26/2015
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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 Jersey

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:

This 36-year-old male sustained an industrial injury on 5-26-15. Documentation indicated that the injured worker was receiving treatment for pain to the cervical spine, thoracic spine, lumbar spine, shoulders, hip and pelvis. Previous treatment included physical therapy and medications. Magnetic resonance imaging thoracic spine (9-12-15) showed disc desiccation at T9-10 and central disc protrusion with ventral effacement of the thecal sac. Magnetic resonance imaging left shoulder (9-13-15) showed subcoracoid bursitis, bright signal of the supraspinatus tendon and biceps tenosynovitis. In an initial evaluation with urgent request for authorization dated 7-2-15, the injured worker complained of pain to the cervical spine, thoracic spine, bilateral shoulders, left pelvis, left hip and left sacroiliac joint. Physical exam was remarkable for tenderness to palpation at the cervical spine, thoracic spine and bilateral shoulders, cervical spine range of motion: flexion 30 degrees, extension 20 degrees, left lateral flexion 40 degrees, right lateral flexion 30 degrees, left rotation 45 degrees and right rotation 35 degrees and positive Spurling's test, right shoulder range of motion: flexion 170 degrees, extension 50 degrees, abduction 170 degrees, adduction 45 degrees, internal rotation 80 degrees and external rotation 85 degrees, left shoulder range of motion: flexion 170 degrees, extension 45 degrees, abduction 170 degrees, adduction 45 degrees, internal rotation 90 degrees and external rotation 80 degrees and lumbar spine range of motion: flexion 60 degrees, extension 20 degrees, bilateral lateral flexion 15 degrees, left rotation 15 degrees and right rotation 25 degrees. The treatment plan included x-rays of the cervical spine, bilateral shoulders and thoracic spine, starting physical therapy for the cervical spine and bilateral shoulders twice a week for three weeks and

medications (Cyclobenzaprine, Naproxen Sodium and Prilosec). In a physical therapy progress noted dated 9-11-15, the injured worker reported that he felt some relief after therapy. Cervical spine range of motion was noted as flexion 35 degrees, extension 30 degrees, left lateral flexion 15 degrees, right lateral flexion 25 degrees and bilateral rotation 35 degrees. In a progress note dated 9-9-15, the injured worker complained of ongoing pain rated 3 to 7 out of 10 on the visual analog scale. Physical exam was unchanged. The treatment plan included magnetic resonance imaging cervical spine, bilateral shoulders and thoracic spine and continuing medications (Cyclobenzaprine, Naproxen Sodium and Prilosec). On 9-16-15, Utilization Review noncertified a request for magnetic resonance imaging of right and left shoulder.

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

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

#### **Magnetic resonance imaging (MRI) of the left shoulder: Upheld**

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

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

**Decision rationale:** The MTUS Guidelines state that special testing such as MRIs for most patients with shoulder problems are not needed unless a four to six-week period of conservative care and observation fails to improve symptoms and are not recommended earlier than this unless red flags are noted on history or examination that raise suspicion of a serious shoulder condition. Muscle strains do not warrant special testing. Even cases of impingement or muscle tears of the shoulder area should be treated conservatively first, and only when considering surgery would test such as MRI is helpful or warranted. After the initial course of conservative treatment over the 4-6 week period after the injury, MRI may be considered to help clarify the diagnosis in order to change the plan for reconditioning. The criteria for MRI of the shoulder include 1. Emergence of a red flag (intra-abdominal or cardiac problems presenting as shoulder problems), 2. physiologic evidence of tissue insult or neurovascular dysfunction such as cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis, or Raynaud's phenomenon, 3. Failure to progress in a strengthening program intended to avoid surgery, and 4. Clarification of the anatomy prior to an invasive procedure such as in the case of a full thickness tears not responding to conservative treatment. In this case, the worker, there was a report of gradual onset of pain in the neck, back, and shoulders. There was no subjective report of weakness or dramatic onset of pain or dysfunction in his shoulders. There was report of some improvements with physical therapy as well. The recent physical examination findings were limited and included only range of motion testing of the shoulders, which were both slightly abnormal only. No mention of any provocative testing of the shoulders and rotator cuff muscles was included in the notes as being completed. Based on the evidence available at the time of this request, there was not enough to support MRI of the left shoulder. There was no indication that the provider and/or the worker was interested in surgical intervention either. Therefore, this request will be considered medically unnecessary.

**Magnetic resonance imaging (MRI) of the right shoulder:** Upheld

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

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

**Decision rationale:** The MTUS Guidelines state that special testing such as MRIs for most patients with shoulder problems are not needed unless a four to six-week period of conservative care and observation fails to improve symptoms and are not recommended earlier than this unless red flags are noted on history or examination that raise suspicion of a serious shoulder condition. Muscle strains do not warrant special testing. Even cases of impingement or muscle tears of the shoulder area should be treated conservatively first, and only when considering surgery would test such as MRI is helpful or warranted. After the initial course of conservative treatment over the 4-6 week period after the injury, MRI may be considered to help clarify the diagnosis in order to change the plan for reconditioning. The criteria for MRI of the shoulder include 1. Emergence of a red flag (intra-abdominal or cardiac problems presenting as shoulder problems), 2. physiologic evidence of tissue insult or neurovascular dysfunction such as cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis, or Raynaud's phenomenon, 3. Failure to progress in a strengthening program intended to avoid surgery, and 4. Clarification of the anatomy prior to an invasive procedure such as in the case of a full thickness tears not responding to conservative treatment. In this case, the worker, there was a report of gradual onset of pain in the neck, back, and shoulders. There was no subjective report of weakness or dramatic onset of pain or dysfunction in his shoulders. There was report of some improvements with physical therapy as well. The recent physical examination findings were limited and included only range of motion testing of the shoulders, which were both slightly abnormal only. No mention of any provocative testing of the shoulders and rotator cuff muscles was included in the notes as being completed. Based on the evidence available at the time of this request, there was not enough to support MRI of the right shoulder. There was no indication that the provider and/or the worker were interested in surgical intervention either. Therefore, this request will be considered medically unnecessary.