

<b>Case Number:</b>	CM15-0201476		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	10/27/2010
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/30/2015
<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: Washington, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 47 year old female who sustained an industrial injury on 10-27-10. Diagnoses noted on provider visit, dated 4-29-15, as status post- right elbow ulnar nerve decompression (7-23-12), right elbow medial and lateral epicondylitis and right forearm flexor and extensor tenosynovitis, right forearm and wrist flexor and extensor tenosynovitis, right shoulder periscapular strain/rotator cuff impingement syndrome secondary to altered biomechanics and compensatory overuse following the right elbow surgery. Treatment has included acupuncture, medication, bracing, home exercise, and surgery (right elbow ulnar nerve release July 2012). Provider progress note on 9-21-15 reported continued pain of the right shoulder and associated weakness with inability to raise arm up. Numbness was also present and she had difficulty sleeping. Injured worker is not working. On exam there was tenderness of right shoulder with decreased range of motion, positive impingement and apprehension tests and crepitus on motion. The requested right shoulder MRI to look for rotator cuff pathology was denied on 9-30-15.

### 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:** Overturned

**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, Summary. Decision based on Non-MTUS Citation American College of Radiology, Appropriateness Criteria for Imaging Acute Shoulder Pain, Revised 2010.

**Decision rationale:** Magnetic Resonance Imaging (MRI) is a procedure performed in radiology to assess the body by clarifying the anatomy of the region tested. It can identify acute injuries (e.g. fractures, dislocations, infections), mechanical injuries (ligament or tendon strains), degenerative disorders (arthritis, tendinitis) or masses, tumors or cysts. ACOEM guidelines as well as the guidelines published by the American College of Radiology suggest using this procedure to evaluate the shoulder when plain films of the shoulder are negative, symptoms suggest a surgically correctable condition and/or the patient has failed rehabilitation efforts. Review of the available medical records on this individual revealed signs and symptoms of shoulder injury, thought by the provider to be related to rotator cuff pathology. This problem has been unresponsive to conservative care. An ultrasound or a MRI could better define the pathology and thus guide further therapy. Therefore, the request is medically necessary and has been established.