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| <b>Case Number:</b>   | CM15-0202976 |                              |            |
| <b>Date Assigned:</b> | 10/19/2015   | <b>Date of Injury:</b>       | 01/06/2015 |
| <b>Decision Date:</b> | 12/01/2015   | <b>UR Denial Date:</b>       | 09/22/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/15/2015 |

### 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: California  
 Certification(s)/Specialty: Emergency 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 40 year old female, who sustained cumulative industrial trauma injuries from 01-06-2014-01-06-2015. A review of the medical records indicates that the worker is undergoing treatment for left shoulder acromioclavicular arthrosis, myofascitis and strain and sprain of the bilateral elbows, right lateral epicondylitis, elbow and forearm strain, bilateral wrist median neuritis and overuse syndrome of the bilateral hands. MRI of the bilateral shoulders was performed on 05-04-2015 and showed supraspinatus and infraspinatus tendinosis and mild posterior displacement of the humeral head. Subjective complaints (06-10-2015 and 07-22-2015) included neck, bilateral upper extremity and bilateral wrist and hand pain. Objective findings (06-10-2015 and 07-22-2015) included decreased range of motion of the right wrist, positive Tinel's and Phalen's signs, decreased range of motion of the shoulders and decreased right grip strength. Portions of the treating physician's progress notes are difficult to decipher. Treatment has included pain medication, 24 sessions of physical therapy, 24 sessions of acupuncture therapy and bracing. The physician noted that left carpal tunnel release surgery was recommended. A utilization review dated 09-22-2015 non-certified a request for MRI of the bilateral shoulders. There was no rationale for the request for another MRI of the bilateral shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **MRI Bilateral Shoulders: 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 requested MRI Bilateral Shoulders is not medically necessary. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations, page 207-209, recommend an imaging study of the shoulder with documented exam evidence of ligament instability, internal derangement, impingement syndrome or rotator cuff tear, after failed therapy trials. The injured worker is undergoing treatment for left shoulder acromioclavicular arthrosis, myofascitis and strain and sprain of the bilateral elbows, right lateral epicondylitis, elbow and forearm strain, bilateral wrist median neuritis and overuse syndrome of the bilateral hands. MRI of the bilateral shoulders was performed on 05-04-2015 and showed supraspinatus and infraspinatus tendinosis and mild posterior displacement of the humeral head. Subjective complaints (06-10-2015 and 07-22-2015) included neck, bilateral upper extremity and bilateral wrist and hand pain. Objective findings (06-10-2015 and 07-22-2015) included decreased range of motion of the right wrist, positive Tinel's and Phalen's signs, decreased range of motion of the shoulders and decreased right grip strength. The treating physician has not sufficiently documented exam evidence of shoulder internal derangement nor evidence of an acute clinical change since previous imaging studies. The criteria noted above not having been met, MRI Bilateral Shoulders is not medically necessary.