

<b>Case Number:</b>	CM15-0211473		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	02/03/2010
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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: 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 49 year old male, who sustained an industrial injury on 2-3-2010. The medical records indicate that the injured worker is undergoing treatment for right shoulder partial rotator cuff tear, multilevel disc herniation of the cervical spine, facet arthropathy of the cervical spine, and cervical stenosis at C5-6 and C6-7. According to the progress report dated 9-23-2015, the injured worker presented with complaints of constant, stabbing neck pain with radiation into the bilateral shoulder blades, right worse than left. He reports electrical shocking and throbbing pain down the right upper extremity with radiation from his elbow to his wrist, associated with numbness and tingling in his 4th and 5th digits. On a subjective pain scale, he rates his pain 7-8 out of 10. The physical examination of the cervical spine reveals tenderness to palpation with spasms, restricted range of motion, diminished sensation in the right C5, C6, C7, and C8 dermatomes, and decreased muscle strength (4 out of 5) in the right upper extremity. A musculoskeletal examination of the right shoulder is not indicated. The current medications are Ultracet, Prilosec, LidoPro cream, and Flexeril. Previous diagnostic testing includes x-rays and MRI of the right shoulder (10-5-2012). The MRI demonstrated moderate rotator cuff tendinosis with small focal partial undersurface tear, supraspinatus tendon, with subacromial-subdeltoid bursitis, downsloping acromion and acromioclavicular joint degenerative changes. A SLAP lesion is seen extending to but not avulsing the biceps anchor. Treatments to date include medication management, 4 chiropractic sessions, and 9 acupuncture sessions. Work status is described as permanent and stationary. The original utilization review (10-20-2015) had non-certified a request for MRI of the right shoulder.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) MRI of the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder (Acute & Chronic) Magnetic resonance imaging (MRI).

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

**Decision rationale:** The requested One (1) MRI of the right shoulder 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 has constant, stabbing neck pain with radiation into the bilateral shoulder blades, right worse than left. He reports electrical shocking and throbbing pain down the right upper extremity with radiation from his elbow to his wrist, associated with numbness and tingling in his 4th and 5th digits. On a subjective pain scale, he rates his pain 7-8 out of 10. The physical examination of the cervical spine reveals tenderness to palpation with spasms, restricted range of motion, diminished sensation in the right C5, C6, C7, and C8 dermatomes, and decreased muscle strength (4 out of 5) in the right upper extremity. A musculoskeletal examination of the right shoulder is not indicated. The current medications are Ultracet, Prilosec, LidoPro cream, and Flexeril. Previous diagnostic testing includes x-rays and MRI of the right shoulder (10-5-2012). The MRI demonstrated moderate rotator cuff tendinosis with small focal partial undersurface tear, supraspinatus tendon, with subacromial-subdeltoid bursitis, downsloping acromion and acromioclavicular joint degenerative changes. A SLAP lesion is seen extending to but not avulsing the biceps anchor. The treating physician has not documented evidence of an acute clinical change since a previous imaging study. The criteria noted above not having been met, One (1) MRI of the right shoulder is not medically necessary.