

<b>Case Number:</b>	CM15-0213238		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	09/17/2014
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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: Physical Medicine & Rehabilitation

### 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 72-year-old male, who sustained an industrial injury on 9-17-2014. A review of the medical records indicates that the injured worker is undergoing treatment for cervical myalgia, cervical sprain-strain, right shoulder adhesive capsulitis, right shoulder bursitis (subacromial, coracoid, and deltoid), right forearm pain, and lumbar sprain-strain. On 7-7-2015, the injured worker reported constant neck pain rated 7 while resting and 8 with activities on a scale of 0 to 10, with the pain associated with weakness, unable to perform activities of daily living (ADLs) due to pain, constant upper back pain rated 7 while at rest and 8 with activities, and constant right shoulder and upper arm pain rated 7 while resting and 8 with activities, associated with weakness and numbness, unable to perform activities of daily living (ADLs) due to the pain with pain worsening in the evenings. The Primary Treating Physician's report dated 7-7-2015, noted the injured worker's current medications included medications for diabetes and hypertension. The physical examination was noted to show mild tenderness with light palpation over the deltoid bursa and glenohumeral joint on the right with decreased range of motion (ROM) of the shoulders. Prior treatments and evaluations have included physical therapy, cervical epidural steroid injections (ESIs), and a MRI of the right shoulder dated 11/14/2014 noted to show supraspinatus tendinosis with focal bursal sided partial thickness tear at the subacromial region, focal articular sided partial thickness tear of the subscapularis tendon at the insertion site, small joint effusion and minimal subdeltoid-subacromial bursitis, and evidence of moderate impingement. The treatment plan was noted to include requests for a MRI of the right shoulder, x-rays of the cervical spine and lumbar spine, and physical therapy for the cervical spine, lumbar spine, right shoulder, and bilateral elbows, and Naproxen Sodium prescribed. The injured worker's work status was noted to be able to return to work with restrictions. The request for authorization was noted to have requested a MRI of the right shoulder. The Utilization Review (UR) dated 10-7-2015, non-certified the request for a 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:

**MRI of right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, under Magnetic Resonance Imaging.

**Decision rationale:** The patient presents on 09/15/15 with worsening cervical spine pain which radiates into the bilateral upper extremities (right greater than left), and associated numbness and tingling in the bilateral hands. The patient's date of injury is 09/17/14. The request is for MRI OF RIGHT SHOULDER. The RFA is dated 07/07/15. Physical examination dated 09/15/15 reveals positive Spurling's maneuver on the right, tenderness to palpation of the right trapezius, decreased sensation in the C6 and C7 dermatomal distributions on the right, tenderness to palpation of the right shoulder AC joint, and positive Neer's and Hawkin's tests on the right. The patient's current medication regimen is not provided. Diagnostic imaging included right shoulder MRI dated 11/14/14, significant findings include: "Supraspinatus tendinosis with focal bursal sided partial-thickness tear, focal articular sided partial thickness tear of the subscapularis tendon, small joint effusion and minimal subdeltoid/subacromial bursitis, evidence of moderate impingement." Patient is currently advised to return to work with modifications. ODG Shoulder Chapter, under Magnetic Resonance Imaging has the following: Recommended as indicated below. Magnetic resonance imaging (MRI) and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because of its better demonstration of soft tissue anatomy. Subtle tears that are full thickness are best imaged by MR arthrography, whereas larger tears and partial-thickness tears are best defined by MRI, or possibly arthrography, performed with admixed gadolinium, which if negative, is followed by MRI. The results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears. Shoulder arthrography is still the imaging "gold standard" as it applies to full-thickness rotator cuff tears, with over 99% accuracy, but this technique is difficult to learn, so it is not always recommended. Magnetic resonance of the shoulder and specifically of the rotator cuff is most commonly used, where many manifestations of a normal and an abnormal cuff can be demonstrated. Indications for imaging; Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs... Subacute shoulder pain, suspect 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 regard to the request for a MRI of this patient's right shoulder following the MRI performed on 11/14/14, this patient does not meet guideline criteria. Progress report dated 09/15/15 notes that this patient's right shoulder symptoms are worsening, however comparison with previous progress notes reveals largely unchanged subjective complaints and objective findings. Progress note dated 09/15/15 does reveals some evidence of decreased sensation consistent with the C6 and C7 dermatomal distributions, though it is unclear if this is cervical in origin or related to this patient's right shoulder complaint. While the provider feels as though an MRI would improve the understanding of this patient's shoulder, repeat imaging is reserved for a significant change in symptoms or findings consistent with a significant pathology. In this case,

the patient presents with chronic cervical and right shoulder pain and has had MRI imaging within the last year. Without evidence of a significant change in this patient's presentation, re-injury, or progressive neurological/functional deficits, repeat imaging cannot be substantiated. Therefore, the request IS NOT medically necessary.