

<b>Case Number:</b>	CM15-0216888		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	06/06/2015
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 60 year old female, who sustained an industrial injury on 06-06-2015. The injured worker is currently able to return to modified work. Medical records indicated that the injured worker is undergoing treatment for left wrist sprain and right wrist joint pain. Treatment and diagnostics to date has included physical therapy, use of wrist splints, bilateral wrist MRI's, and medications. Recent medications have included Mobic, Xanax, and Baclofen. Subjective data (09-18-2015 and 10-19-2015), included bilateral knee, bilateral wrist, and right shoulder pain rated 8 out of 10. Objective findings (10-19-2015) included an antalgic gait, limited right wrist range of motion, tenderness to right trapezius muscle, and pain with cervical spine range of motion. The request for authorization dated 10-15-2015 requested MRI of the right shoulder. The Utilization Review with a decision date of 10-22-2015 non-certified the request for MRI of right shoulder.

### 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:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI).

**Decision rationale:** The claimant sustained a work injury in June 2015 while working as a custodian when she tripped and fell over a stump in the ground while walking on concrete. She hit her head and injured her right wrist. In the Emergency Room she had right hand pain up to the shoulder and right lower extremity and bilateral knee pain. There was a mildly displaced fracture of the triquetrum. Treatments have included physical therapy with 4 sessions as of 08/17/15 and on this date she was released to restricted work. An x-ray of the right shoulder was ordered on 06/16/15 but results are not reported. When seen in October 2015, complaints included ongoing right shoulder and trapezius pain. Modified work had not been available. Physical examination findings included right upper trapezius tenderness with spasms. There was slightly limited right shoulder range of motion with biceps groove and infraspinatus tenderness. An MRI of the right shoulder is being requested. MRI is the most useful technique for evaluation of shoulder pain due to subacromial impingement and rotator cuff disease and can be used to diagnose bursal inflammatory change, structural causes of impingement and secondary tendinopathy, and partial-and full-thickness rotator cuff tears. The use of MRI of the shoulder before injection both to confirm the diagnosis and to triage affected patients without a cuff tear who are likely to benefit from those with a tear who are not likely to benefit is supported. Applicable indications in this case for obtaining an MRI of the shoulder include the presence of red flags such as suspicion of cancer or infection or, with sub acute shoulder pain, when instability or a labral tear is suspected. In this case, there are no identified red flags and no reported complaints or physical examination findings that suggest instability or labral pathology. There are no findings that suggest a rotator cuff tear or impingement and an injection is not being considered and would not be appropriate. The requested left shoulder MRI is not medically necessary.