

<b>Case Number:</b>	CM15-0223621		
<b>Date Assigned:</b>	11/19/2015	<b>Date of Injury:</b>	04/10/2015
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	11/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2015

### 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: 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 54-year-old female, with a reported date of injury of 04-10-2015. The diagnoses include cervicothoracic radiculopathy, contracture of unspecified muscle, myalgia, cervical spine sprain, left shoulder rotator cuff muscle and tendon strain, insomnia, and sleep disorder. The progress report dated 09-23-2015 indicates that the injured worker rated her left shoulder pain 9-10 out of 10 without medications and 6 out of 10 with medications. The physical examination of the shoulder showed tenderness to palpation in the left arm; tenderness to palpation over the left acromioclavicular joint, left subacromial region, and left greater tubercle; tenderness and myospasm to palpation over the left rotator cuff muscles; positive impingement and supraspinatus test in the left shoulder; and decrease of the left shoulder range of motion in all planes due to end range left shoulder pain. The injured worker was recommended to be on temporary total disability for 45 days. The progress report dated 10-21-2015 indicates that the injured worker complained of pain in multiple areas including the left shoulder. The cervical spine pain was associated with headaches and radiating pain, tingling, and numbness to the bilateral upper extremities. The left shoulder pain was rated 7 out of 10 without medications and 3 out of 10 with medications. The pain was aggravated by activities such as reaching overhead and lifting, and was relieved with rest and medications. The injured worker also complained of loss of sleep due to pain. The objective findings include decreased and painful range of motion of the cervical spine; tenderness to palpation of the bilateral trapezii and cervical paravertebral muscles; muscle spasm of the bilateral trapezii and cervical paravertebral muscles; decreased and pain range of motion of the thoracic spine; tenderness to

palpation with muscle spasm of the thoracic paravertebral muscles; decreased and painful range of motion of the left shoulder; tenderness to palpation of the left anterior and lateral shoulder; and muscle spasm of the left anterior and lateral shoulder. The injured worker has been instructed to remain off work until 12-05-2015. The diagnostic studies to date have included a urine drug screen on 09-23-2015 with negative findings; and an MRI of the left shoulder on 07-30-2015 which showed acromioclavicular osteoarthritis, mild joint effusion, subchondral cyst formation within the humeral head, supraspinatus tendinosis, infraspinatus tendinosis, subscapularis tendinosis, and bicipital tenosynovitis. Treatments and evaluation to date have included trigger point injection to the cervical spine, Toradol injection to the left buttock, Cyclobenzaprine, Naproxen, and Omeprazole. The treating physician requested an MRI of the left shoulder. On 11-04-2015, Utilization Review (UR) modified the request for an MRI of the left shoulder.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI of the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Diagnostic Criteria, 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) Chapter, under Magnetic resonance imaging (MRI).

**Decision rationale:** Based on the 10/21/15 progress report provided by the treating physician, this patient presents with dull, aching neck pain rated 8/10 radiating to the bilateral upper extremities with numbness/tingling, thoracic spine pain rated 6/10, lumbar spine pain rated 6/10 with radiating pain/numbness/tingling to the bilateral lower extremities, right shoulder pain rated 6-7/10, left shoulder pain rated 7/10, right hip pain rated 6-7/10, left hip pain rated 6/10, and loss of sleep due to pain. The treater has asked for MRI of the left shoulder on 10/21/15. The request for authorization was not included in provided reports. The patient states that the neck pain is associated with headaches per 10/21/15 report. The patient is s/p trigger point injection to the cervical spine of unspecified date with decrease in pain of 50-60% for 1 week the gradually returned per 10/21/15 report. The patient does not have a significant surgical history per review of reports. The patient is currently taking Anaprox, Prilosec, Cyclobenzaprine, and using 2 topical compound creams per 10/21/15 report. The patient is to remain off work as of 10/21/15 report. The patient was terminated by her employer since April of 2014 according to 9/23/15 report. ODG-TWC, Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) states: "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." The treater is requesting an MRI of the left shoulder per 10/21/15 report. The treater does not discuss this request in the reports provided and the request for authorization is not included. The patient had a prior left shoulder MRI on 7/30/15 which showed "acromioclavicular

osteoarthritis" subchondral cyst formation is seen within the humeral head. There is no evidence of fracture or malalignment. Thickening of the supraspinatus, infraspinatus and subscapularis tendons is seen, consistent with tendinosis. Increased fluid is seen tracking along the biceps tendon within the bicipital groove, consistent with bicipital tenosynovitis. Mild joint effusion is seen. The glenoid labrum is unremarkable." Utilization review letter dated 11/4/15 denies the request as there is no documentation of worsening of symptoms since 7/30/15 left shoulder MRI. In this case, the patient has persistent pain with deficits of the left shoulder. However, the patient had a left shoulder MRI less than 3 months ago, and the treater does not explain the necessity of a repeat MRI so soon. Therefore, the request is not medically necessary.