

<b>Case Number:</b>	CM15-0045435		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	12/28/2010
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 30 year old female, who sustained an industrial injury on 12/28/2010. Initial complaints and initial diagnoses were not provided. Treatment to date has included conservative care, medications, right shoulder surgery, physical therapy, MRI of the lumbar spine (02/23/2011) MRI of the lumbar spine (06/09/2011), and MRI of the right wrist (08/15/2011). Currently, the injured worker complains of low back pain, increased right shoulder pain, and right upper extremity pain with a severity rating of 7/10. Current diagnoses include shoulder tendinitis, lumbar strain/sprain, wrist strain/sprain, and lumbosacral or thoracic neuritis. The treatment plan consisted of a new MRI of the right shoulder due to increased pain since surgery, ultrasound massage therapy to the right shoulder, paraffin bath therapy to the right wrist, continued medications, and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic resonance imaging (MRI) of the right shoulder without contract, as an outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM -

<https://www.acoempracguides.org/shoulder>; Table 2, Summary of Recommendations, Shoulder Disorders.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** The MTUS Guidelines state that special testing such as MRIs for most patients with shoulder problems are not needed unless a four to six-week period of conservative care and observation fails to improve symptoms and are not recommended earlier than this unless red flags are noted on history or examination that raise suspicion of a serious shoulder condition. Muscle strains do not warrant special testing. Even cases of impingement or muscle tears of the shoulder area should be treated conservatively first, and only when considering surgery would testing such as MRI be helpful or warranted. After the initial course of conservative treatment over the 4-6 week period after the injury, MRI may be considered to help clarify the diagnosis in order to change the plan for reconditioning. The criteria for MRI of the shoulder include 1. Emergence of a red flag (intra-abdominal or cardiac problems presenting as shoulder problems), 2. physiologic evidence of tissue insult or neurovascular dysfunction such as cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis, or Raynaud's phenomenon, 3. failure to progress in a strengthening program intended to avoid surgery, and 4. Clarification of the anatomy prior to an invasive procedure such as in the case of a full thickness tear not responding to conservative treatment. In this case, the worker, there was a request for a new MRI of the right shoulder as the worker reported increased pain of the right shoulder since surgery. However, insufficient documentation showed any findings suggestive of any specific internal derangement. Only mild decreased range of motion and tenderness was documented. Without sufficient documentation of subjective and objective physical findings to show evidence of a red flag diagnosis or weakness or edema, the MRI will be considered medically unnecessary at this time.