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| <b>Case Number:</b>   | CM15-0048169 |                              |            |
| <b>Date Assigned:</b> | 03/20/2015   | <b>Date of Injury:</b>       | 03/02/2010 |
| <b>Decision Date:</b> | 05/06/2015   | <b>UR Denial Date:</b>       | 02/12/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/13/2015 |

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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:

This 36-year-old female sustained an industrial injury on 3/2/10. She subsequently reported elbow pain. Diagnoses include cervical stenosis, cervical disc herniation, shoulder impingement and myofascial pain syndrome. Diagnostic testing has included x-rays and MRIs. Treatments to date have included physical therapy, chiropractic care, H wave treatments, acupuncture and prescription pain medications. The injured worker continues to experience back, shoulder and trapezius pain. The treating physician made a request for MRIs of the left and right scapulae.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the left scapulae:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 557 - 559.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ken O, Hatori M, Kokubun S, The MRI features and treatment of scapulothoracic bursitis: report of four cases. Ups J Med Sci. 2004; 109(1):57-64.

**Decision rationale:** The most recent progress note dated March 16, 2015 makes a request for a left and right scapular MRI with a diagnosis of scapulothoracic bursitis. However, there has been no xray of the scapula, and no clear plan has been delineated to consider any surgical planning. The request is not medically necessary.

**MRI of the right scapulae:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 557 - 559.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ken O, Hatori M, Kokubun S, The MRI features and treatment of scapulothoracic bursitis: report of four cases. Ups J Med Sci. 2004; 109(1):57-64.

**Decision rationale:** The most recent progress note dated March 16, 2015 makes a request for a left and right scapular MRI with a diagnosis of scapulothoracic bursitis. However, there has been no xray of the scapula, and no clear plan has been delineated to consider any surgical planning. The request is not medically necessary.