

<b>Case Number:</b>	CM15-0048447		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	03/02/2011
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/17/2015
<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: 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 50 year old male who sustained an industrial injury on 03/02/2011. Diagnoses include hand joint pain, fibromyalgia/myositis, partial tear of rotator cuff and joint pain-shoulder. Treatment to date has included 2 hand surgeries, diagnostic studies, medications, functional capacity evaluation, and occupational therapy. A physician progress note dated 01/09/2015 documents the injured worker complains of left arm, hand, and neck and shoulder pain. His pain continues to be severe, and function is limited due to pain. His pain is rated a 7 out of 10. Palpable twitch positive trigger points are noted in the muscle of the head and neck. Anterior flexion is noted to be 40 degrees. There is pain noted when the neck is flexed anteriorly. Extension of the cervical spine is note to be 55 degrees. There is pain noted with extension of the cervical spine. Upper extremity sensation is intact except for the hyperesthesia and allodynia of the left hand. His left hand has obvious deformity in the palm, fingers flaccid, not able to grip. He has significant myofascial pain in the neck and upper back extending to bilateral shoulders. Left shoulder range of motion is limited by pain. This is much more severely limited than before Functional Capacity Evaluation. The treatment plan is for refilling of medications, urine screening, and Magnetic Resonance Imaging of the left shoulder. Treatment requested is for Magnetic Resonance Imaging of the left shoulder.

### 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 left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder/Magnetic resonance imaging (MRI).

**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 is more than 4 years status post work-related injury and continues to be treated for left upper extremity pain. When seen, he had increased pain with after a functional capacity evaluation. Physical examination findings of the shoulder were decreased range of motion. Indications for obtaining an MRI of the shoulder include the presence of 'red flags' such as suspicion of cancer or infection or, with subacute 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 has been no conservative treatment since the claimant's shoulder pain increased. Therefore, the requested left shoulder MRI is not medically necessary.