

<b>Case Number:</b>	CM15-0050344		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	11/08/2005
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 56 year old female, who sustained a cumulative industrial injury from October 6, 2005 through October 6, 2006. She reported neck pain, right shoulder pain, bilateral hand and wrist pain, low back pain and left knee pain. The injured worker was diagnosed as having cephalgia, cervical spine chronic sprain/strain, right shoulder recurrent rotator cuff tear, status post right shoulder rotator cuff repair, left thumb carpometacarpal joint tendonitis, left and right wrist open carpal tunnel release, right hand triggering middle, ring fingers and thumb, lumbar spine multilevel degenerative disc disease with disc bulges, lumbar spine bilateral radiculopathy, left knee partial lateral meniscal tear, left knee status post partial meniscectomy, depression, anxiety and obesity. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions of the hands, knee and shoulder, conservative treatments, medications and work restrictions. Currently, the injured worker complains of neck pain, right shoulder pain, bilateral hand and wrist pain, low back pain and left knee pain. The injured worker reported an industrial injury in 2005, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 16, 2015, revealed continued pain. The plan was for an updated magnetic resonance image of the shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder MRI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 20th annual edition & 13th annual edition, 2015, Shoulder Chapter-MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic resonance imaging (MRI).

**Decision rationale:** ACOEM states: Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems) Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon) Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment) ODG 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. (Mays, 2008). There is no evidence of the emergence of the above cited indications since the previous MRI. Therefore, the request is not medically necessary.