

<b>Case Number:</b>	CM15-0051082		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	09/15/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/19/2015
<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: 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 22-year-old female, who sustained an industrial injury on September 15, 2013. She reported a right shoulder injury after being hit by a door. The injured worker was diagnosed as having status post right shoulder rotator cuff repair, left paracentral disc protrusion at C3-C4, and chronic myofascial pain syndrome. Treatment to date has included medications, hot/cold applications, joint wrap, physical therapy, and work restrictions. On January 20, 2015, she had complaints of increasing neck pain with radiation into the right upper extremity, and associated numbness and tingling. The treatment plan included: a request for a cervical epidural steroid injection, and Tylenol #3, Relafen, Flexeril, Neurontin, and Prilosec. The records indicate she attains 60-70 percent pain relief with the use of transcutaneous electrical nerve stimulation and some relief from her current medication regimen. The request is for a magnetic resonance imaging of the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Right Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation, Online Version, Chapter Shoulder (Acute & Chronic).

**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 complained of pain in the right shoulder with associated decrease in the range of motion. Physical examination was documented and included only, "Right shoulder elevation is 80-90 degrees." No other testing or history was documented which showed evidence of internal derangement of the shoulder joint or rotator cuff tear which might warrant imaging such as MRI. Therefore, without more objective evidence to justify an MRI, it will be considered medically unnecessary.