

Case Number:	CM15-0052051		
Date Assigned:	03/25/2015	Date of Injury:	08/12/2014
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/19/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 40 year old female, who sustained an industrial injury on 08/12/2014. She reported pain in the wrist and neck. The injured worker is currently diagnosed as having right wrist tenosynovitis, right chronic regional pain syndrome, right shoulder adhesive capsulitis, and right shoulder internal derangement. Treatment to date has included electro-myography/nerve conduction studies, wrist MRI, physical therapy, and medications. In a progress note dated 02/25/2015, the injured worker presented with complaints of right upper extremity pain, right neck pain, right hand pain, right shoulder pain, and chronic regional pain syndrome of the right arm. The treating physician reported requesting authorization for a right shoulder MRI due to pain and limited range of motion to look for any internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder MRI without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation ODG regarding Shoulder- Acute & Chronic (updated 02/27/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation *Curr Rev Musculoskelet Med.* 2008 Dec; 1(3-4): 180-189, Published online 2008 May 23. doi: 10.1007/s12178-008-9031-6, PMID: PMC2682415, Diagnosis and management of adhesive capsulitis, Robert C. Manske corresponding author^{1,2} and Daniel Prohaska³.

Decision rationale: Right shoulder MRI without contrast is not medically necessary per the MTUS Guidelines, the ODG, and an online review of the diagnosis and management of adhesive capsulitis. The ACOEM MTUS Criteria state that the 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). The ODG states that criteria for a shoulder MRI are 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. A review of adhesive capsulitis in *Curr Rev Musculoskelet Med.* 2008 states that the diagnosis of adhesive capsulitis is often one of exclusion. Early in the disease process, adhesive capsulitis may clinically appear similar to other shoulder conditions such as major trauma, rotator cuff tear, rotator cuff contusion, labral tear, bone contusion, subacromial bursitis, cervical or peripheral neuropathy. Additionally, a history of a previous surgical procedure can lead to shoulder stiffness. If a history of these other pathologies are negative and if radiographs do not demonstrate osteoarthritis, then the diagnosis can be given. A screening radiograph of the shoulder is imperative to diagnose adhesive capsulitis. This rules out other possible diagnosis of loss of ROM that include osteoarthritis, or chronic anterior or posterior dislocation. The documentation does not indicate objective evidence of a screening radiograph of the shoulder. The patient has CRPS of the right upper extremity. The guidelines recommend screening radiograph to diagnose adhesive capsulitis and state that this is a diagnosis of exclusion. The documentation does not reveal other red flags that would necessitate an MRI at this point. The request for right shoulder MRI without contrast is not medically necessary.