

<b>Case Number:</b>	CM15-0080058		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	03/08/2013
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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

Certification(s)/Specialty: Emergency 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 64-year-old male who sustained an industrial injury on 3/8/13 involving throwing and lifting activities resulting in neck and right arm pain. He has had two years of treatment and told there was nothing wrong. He currently complains of (3/24/15) of persistent neck, right shoulder, right arm pain, a feeling of numbness down the right arm. The pain level is 10/10 despite treatment. On physical exam, there is the suggestion of severe pain with movement of the right shoulder with no atrophy and range of motion is limited. Neurologically there is diffuse grade 4 weakness of the right arm and diffuse hypoesthesia. Medications are Medrox cream, Medipatches, Sprix, fenoprofen, Flexeril, Percocet. He was ordered a urine drug screen on 1/25/15. Diagnoses include status post left shoulder rotator cuff repair; right knee arthroscopy X3; lumbar and cervical spine sprain/ strain; cervical and lumbar radiculopathyspasm of muscles, right shoulder tendinitis. He has had one epidural steroid injection, which temporarily relieved his left leg pain; cervical epidural injection with limited effect; chiropractic care, which offered the most relief; physical therapy; medications; transcutaneous electrical nerve stimulator unit and group therapy. MRI of the right shoulder (6/28/13) showed supraspinatus tendinosis; anterior paralabral cyst with minimal associated erosion of the anterior glenoid cortex; minimal glenohumeral arthrosis; abnormal MRI cervical spine (5/14/13); abnormal MRI lumbar spine (10/17/13). In the progress note, dated 3/24/15 the treating provider's plan of care includes a request for a repeat MRI of the right shoulder noting two-year history of no improvement, inability to function normally in his social and personal life and restricted motion. The previous MRI is two years old.

## 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 cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 207-209.

**Decision rationale:** The requested Right shoulder MRI, is not medically necessary. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations, page 207-209, recommend an imaging study of the shoulder with documented exam evidence of ligament instability, internal derangement, impingement syndrome or rotator cuff tear, after failed therapy trials. The injured worker has persistent neck, right shoulder, right arm pain, a feeling of numbness down the right arm. The pain level is 10/10 despite treatment. On physical exam, there is the suggestion of severe pain with movement of the right shoulder with no atrophy and range of motion is limited. Neurologically there is diffuse grade 4 weakness of the right arm and diffuse hypoesthesia. The treating physician has documented a MRI of the right shoulder (6/28/13) showed supraspinatus tendinosis; anterior paralabral cyst with minimal associated erosion of the anterior glenoid cortex; minimal glenohumeral arthrosis. The treating physician has not documented recent physical therapy trials to improve muscle strength or range of motion. The treating physician has not documented exam evidence indicative of impingement syndrome, rotator cuff tear or internal joint derangement nor an acute clinical change since the date of the previous shoulder MRI. The criteria noted above not having been met, right shoulder MRI is not medically necessary.