

<b>Case Number:</b>	CM15-0088557		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	06/18/2012
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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 57-year-old male, who sustained an industrial injury on 06/18/2012. He reported injury to the back, shoulder, arm, hand, hips, psych, circulatory system and a sleep disorder. According to an orthopaedic evaluation dated 12/08/2014, the injured worker initially injured his shoulder back in 2002 and underwent two left shoulder surgeries and postoperative physical therapy for a previous injury. His current complaints included neck pain radiating into both upper extremities, bilateral shoulder pain and weakness worse on the right and bilateral wrist and hand pain with associated numbness and tingling. Diagnoses included cervical spine sprain and strain with possible associated discopathy, status post left shoulder surgery times two with residual symptoms, tendinitis/impingement syndrome right shoulder with possible rotator cuff tear and bilateral carpal tunnel syndrome worse right. The provider recommended right shoulder arthroscopy and bilateral carpal tunnel release surgeries. An authorization request dated 02/26/2015 was submitted for right shoulder arthroscopy with subacromial decompression, acromioplasty debridement and possible repair of the rotator cuff, bilateral carpal tunnel release right first followed by the left, 24 postoperative physical therapy sessions for each procedure, and durable medical equipment. Prior EMG/NCV of upper extremities is consistent with median and ulnar neuropathy right worst than left across wrists; right sided ulnar neuropathy across elbow. On 03/16/2015, the injured worker complained of pain to his neck, shoulders hands and wrists with numbness. Objective findings included tenderness, decreased range of motion, positive impingement signs and sensory deficit. The treatment plan included an MRI of the right shoulder and electrodiagnostic testing of the bilateral upper extremities. The records submitted for review did not indicate specific treatments received for the right shoulder. There were no radiology reports submitted for review. Currently under review is the request for an MRI 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 of the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**Decision rationale:** As per MTUS ACOEM Guidelines, imaging of shoulders should be considered when there are emergence of red flag(limb or life threatening) findings, evidence of loss of neurovascular function, failure to progress in strengthening program and pre-invasive procedure. Patient fails all criteria. There is no red flags or signs of loss of neurovascular function. There is no recent change in neurological exam. There is no plan for surgery. There is no documentation of any recent attempt at conservative treatment of shoulder. Surgery for shoulder has been rejected by Utilization review. No recent MRIs or basic imaging reports were provided. Documentation fails to support MRI of right shoulder. MRI of right shoulder is not medically necessary.