

<b>Case Number:</b>	CM14-0114717		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/31/2008
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This case involves a 45-year-old female who reported an industrial injury to the upper extremities and neck on 7/31/2008, over six (6) years ago, attributed to the performance of her usual and customary job tasks that included repetitive stress. The patient has been treated with physical therapy; medications; activity modification; acupuncture; chiropractic care/CMT; splinting; and ergonomic evaluation. The patient was noted to have MRIs of the left wrist; right wrist; and left shoulder. The Electrodiagnostic studies for the upper extremities were negative for carpal tunnel syndrome or ulnar mononeuropathy. The patient was established as permanent and stationary for the left shoulder in both wrists on 2/4/2013. The recommendations for future medical care included Tramadol and additional physical therapy along with work restrictions. The patient complained of left shoulder pain radiating into the left arm and also bilateral wrist pain. The patient reported increased shoulder pain. The patient was working full duty. The objective findings included examination included tenderness to palpation to the left shoulder in both wrists, and active resisted ranges of motion of bilateral wrists and left shoulder restricted. The diagnoses included left shoulder internal derangement; left shoulder impingement; bilateral wrist internal derangement; bilateral wrist pain; left shoulder sprain/strain; and bilateral repetitive upper extremity injury. The treatment request was for a left shoulder updated MRI due to worsening pain and severely restricted range of motion, orthopedic consultation for the left shoulder, and Tramadol #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Shoulder MRI QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Pages: 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder- Acute & Chronic: Magnetic Resonance Imaging.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder-MRI.

**Decision rationale:** The request for a repeated or updated MRI of the left shoulder was not supported with any objective evidence on physical examination and was not demonstrated to be medically necessary. No rationale for a MRI study of the left shoulder was documented other than the patient was documented with tenderness and reported diminished ROM. The prior MRI of the left shoulder documented no surgical lesion. The MRI is requested by pain management in addition to a request for orthopedic consultation based on reported worsening of pain symptoms. There were no objective findings documented on examination to the Left shoulder to meet the requirements recommended by the ACOEM Guidelines or Official Disability Guidelines (ODG) for a MRI of the shoulder. There was no demonstrated intention of surgical intervention and the request is made as a screening study to rule out internal derangement. There were no documented objective findings consistent with internal derangement of the left shoulder. The patient has not met the criteria or period of treatment with conservative care recommended by evidence-based guidelines. There was no noted internal derangement to the Left shoulder and the diagnosis was a shoulder strain. The patient reported having a product from the refrigerator fall onto her left shoulder. The request for the MRI is not made by a surgeon contemplating surgical intervention to the shoulder. There were no current documented objective findings or diagnosis of rotator cuff tear or internal derangement as the request appeared as a screening study. The documented objective findings on examination dated were limited with no findings consistent with internal derangement. The MRI of the Left shoulder is not demonstrated to be medically necessary and has not met the criteria recommended by the ACOEM Guidelines, or the Official Disability Guidelines. The Left shoulder MRI is not supported with a rationale other than a screening study. The provider wishes to evaluate the shoulder for a possible tear; however, there are no objective findings on examination that have either changed or demonstrate possible internal derangement documented for the Left shoulder. The patient has not been demonstrated to have failed conservative treatment prior to the authorization of a MRI of the shoulder. The provider has not established or documented subjective/objective changes to the physical examination of the left shoulder that meets the recommendations of the CA MTUS, ACOEM Guidelines, or the Official Disability Guidelines for the authorization of shoulder MRIs. There are no demonstrated changes in clinical status related to the shoulder that would support the medical necessity of the left shoulder MRI with anticipation of surgical intervention at this point in time without continued conservative treatment. The patient is not documented to be participating in a self-directed home exercise program. Therefore, the request is not medically necessary.