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| <b>Case Number:</b>   | CM14-0129496 |                              |            |
| <b>Date Assigned:</b> | 09/29/2014   | <b>Date of Injury:</b>       | 12/27/2011 |
| <b>Decision Date:</b> | 11/05/2014   | <b>UR Denial Date:</b>       | 07/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/14/2014 |

### 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 Physical Medicine and Rehabilitation 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:

The injured worker is a 30-year-old female who reported an injury on 06/06/2004. Mechanism of injury was not provided. The injured worker has diagnoses of bilateral shoulder subacromial impingement syndrome, and cervical strain/sprain. Past medical treatment included medications and acupuncture. Diagnostic testing was not provided. There was no pertinent surgical history provided. The injured worker complained of significant exacerbation of her neck and right shoulder pain on 04/07/2014. The physical examination revealed range of motion testing of cervical spine elicits complaints of increased neck pain on extremes of motion, greater on extension than flexion. There was tenderness on palpation over the trapezius and paracervical musculature bilaterally. The injured worker stated pain radiated into right shoulder, forward flexion is 30 degrees, back extension 20 degrees, with pain greater on extension than flexion. The range of motion of the right shoulder was mildly decreased with increased pain on range of motion testing, abduction is 140 degrees, forward flexion is 140 degrees, internal rotation is 75 degrees and produces popping, cracking, and grinding. There was tenderness to palpation of the shoulder. Medications were not provided. The treatment plan is for a Magnetic Resonance Imaging (MRI) of the Right Shoulder. The rationale for the request was not provided. The Request for Authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (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): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulders, MRIs (Magnetic Resonance Imaging).

**Decision rationale:** The request for Magnetic Resonance Imaging (MRI) of the Right Shoulder is not medically necessary. The injured worker complained of significant exacerbation of her neck and right shoulder pain on 04/07/2014. The California MTUS/ACOEM state "for most patients with shoulder problems special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms." Most patients improve quickly, provided red-flag conditions are ruled out. Imaging studies are recommended for red flag diagnosis or the intent to undergo surgery. The Official Disability Guidelines (ODG) recommended Magnetic resonance imaging (MRI) and arthrography has fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because of its better demonstration of soft tissue anatomy. Indications for imaging Magnetic resonance imaging (MRI) are acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40, normal plain radiographs, sub-acute shoulder pain, suspect instability/labral tear. There is lack of documentation indicating significant or progressive neurological deficits. There is lack of documentation of the provider's rationale for an MRI testing. The requesting physician did not provide the official report from the prior x-rays. The documentation provided does not indicate progressive neurological deficit. There is no evidence of a significant change in symptoms and findings suggestive of significant pathology. Therefore the request for Magnetic Resonance Imaging (MRI) of the Right Shoulder is not medically necessary.