

<b>Case Number:</b>	CM14-0137631		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	01/01/2005
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Occupational 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:

The injured worker is a 71-year-old male who sustained work-related injuries on January 1, 2005 and September 15, 2005. He has history of coronary artery disease with presence of stent, hyperlipidemia, hypertension, myocardial infarct (2011), low back pain, left toe surgery (2010), multilevel herniated nucleus pulposus of the cervical spine with severe stenosis, cervical radiculopathy, history of renal insufficiency, gastrointestinal upset with oral medications, right knee degenerative joint disease and herniated disc pulposus right L4-5. On February 20, 2014, the injured worker returned to his provider for a preoperative medical consultation regarding his herniated disc pulposus right L4-L5. He underwent right-sided microlumbar decompression on March 18, 2014. On April 1, 2014, the injured worker returned to his provider regarding ongoing neck, low back and right knee pain rated at 6/10. He was two weeks post-op and said that he was improving with time and leg symptoms are less severe now. He reported radiation of pain and numbness down both legs to feet, right side greater than left. He also reported severe gastrointestinal upset and kidney problems. On examination, he was noted with mild antalgic gait. Magnetic resonance imaging scan of the cervical spine dated March 25, 2012 documented (a) degenerative disc disease with facet arthropathy, (b) neural foraminal narrowing includes C3-C4 severe right; C4-C5 moderate-to-severe-right, moderate left; C5-C6, moderate-to-severe right, severe left neural foraminal narrowing. He was recommended to undergo 12 postoperative chiropractic treatments. Most recent medical records dated July 23, 2013 documents that the injured worker complained of pain in the right shoulder, right elbow, and bilateral knees. He reported constant achy throbbing pain in the right shoulder. He has increased pain when raising his arm above his head or laying on his right side. He reported that he has difficulty with activities of daily living such as showering and pain would spike to a 9/10. He rated his shoulder pain at 6/10 and was located on top of the shoulder. Pain would radiate down to the right elbow.

He reported that he had 2 right shoulder injections on May 14, 2013 which provided him about 30% relief temporarily. He also reported that he wanted to consider surgery for his right shoulder. X-rays performed on January 3, 2012 noted (a) no acute abnormality and (b) degenerative changes of the right shoulder. Magnetic resonance imaging scan of the right shoulder performed in February 7, 2012 revealed (a) moderate rotator cuff tendinosis with partial undersurface tear, supraspinatus tendon without definite full-thickness tear or retraction, associated with downsloping acromion and acromioclavicular joint degenerative change; (b) superior labrum anterior and posterior lesion seen extending to but not avulsing the biceps anchor and is associated with biceps tendinitis/partial longitudinal tear, subscapularis tendinitis, and partial tear and biceps tenosynovitis; (c) joint effusion appreciated with synovitis and capsular edema/capsulitis or injury; and (d) glenohumeral degenerative change is appreciated. He is diagnosed with (a) right shoulder tendinosis, (b) right shoulder bursitis and impingement, (c) right elbow medial epicondylitis, (d) right elbow extensor tendon origin tendinosis, (e) left knee medial and lateral meniscus tear, (f) right knee lateral meniscal tear, and (g) bilateral knee degenerative joint disease.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI for 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) Shoulder (Acute & Chronic), Magnetic Resonance Imaging (MRI)

**Decision rationale:** According to the American College of Occupational and Environmental Medicine Guidelines, the primary criteria for ordering imaging studies are: (a) emergence of a red flag; (b) physiologic evidence of tissue insult or neurovascular dysfunction; (c) failure to progress in a strengthening program intended to avoid surgery; and (d) clarification of the anatomy prior to an invasive procedure). On the other hand, per the Official Disability Guidelines, a repeat magnetic resonance imaging scan is not routinely recommended and should be preserved for a significant change in symptom and/or findings suggestive of significant pathology. In this case, the reviewed documents presented that the injured worker indeed underwent chiropractic physiotherapy sessions and other conservative treatments including medications, rests, activity modification, and corticosteroid injections all of which provided temporary and insignificant relief. Also, records indicate that the injured worker is considering surgery however his provider did not indicate clearly if the consideration regarding surgery of the injured worker will be pursued by his provider. It should be especially noted that the most recent records of this injured worker, the provider indicated that the injured worker will be continued with conservative treatment. Additionally, there were no noted red flags or physiologic evidence of tissue insult or neurovascular dysfunction. Based on this information, it can be stated that the injured worker does not meet any of the criteria provided by the American College of Occupational and Environmental Medicine Guidelines. Also, there were no

significant changes in the provided records that are suggestive of significant pathology. Therefore, the request for Magnetic Resonance Imaging Scan of the Right Shoulder is not medically necessary.