

<b>Case Number:</b>	CM14-0165302		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	03/31/2000
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 & Rehabilitation, has a subspecialty in Pain Management 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 75-year-old male who sustained an injury on 3/31/00. As per 08/26/14 handwritten report, he presented with pain with movement of the shoulder and the neck with weakness. He had an injection in the right shoulder with improvement. Exam revealed guarding with movement of the right shoulder and the neck, weakness to the right hand grip and right biceps, and hyperesthesia of the right thumb, index, and middle fingers. No previous diagnostic studies of the right shoulder were documented but there was an MRI of the cervical spine dated 10/10/12 which revealed loss of disc space height particularly at C5-6 and to a lesser degree C4-5 and C3-4 with posterior disc osteophyte complexes at each level greatest at the C5-6 level. On the axial views at C5-6, there was diffuse disc osteophyte complex, which extended off into the neuroforamina. There was a similar but lesser protrusion at C4-5 and lesser yet at C3-4. He is currently on Tylenol with Codeine, chondrolite, and omeprazole. Diagnoses include cervical spondylosis without myelopathy and degenerative arthrosis of the right shoulder. The request for MRI of the right shoulder was denied.

### 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 Page(s): 207-209.

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

**Decision rationale:** Per CA MTUS/ACOEM guidelines, special studies are not indicated unless a four to six week period of conservative management failed to improve symptoms. Cases of shoulder pain due to rotator cuff pathology or DJD are managed the same, provided red flag symptoms are ruled out. Primary criteria for imaging studies of the shoulder are: Red flags, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program and clarification of the anatomy prior to an invasive procedure. In this case, the above criteria are not met; there is no documented trial of conservative management of at least 4-6 weeks duration and there is no evidence of red flags. The request is not medically necessary.