

<b>Case Number:</b>	CM14-0169673		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	04/11/2006
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 American Board of Internal 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:

Pursuant to a progress note dated November 6, 2014, the IW complains of low back pain left greater than right with lower extremity symptoms. Pain is rated 5/10 in the left shoulder. Objective findings revealed tenderness in the lumbar spine. Lumbar range of motion (ROM) percent of normal: Flexion 30 degrees, extension 20 degrees, left and right lateral tilt 20 degrees, left and right rotation 20 degrees. Positive straight leg raise bilaterally. There is tenderness in the left shoulder. Left shoulder ROM is markedly limited due to pain. Upper extremity neurologic evaluation is unchanged. There is diffuse motor deficit in the left upper extremity. He had difficulty arising from a seated position. Gait is antalgic. He ambulates with a cane. The IW was diagnosed with status post remote left carpal tunnel release, left median neuropathy, and status post right carpal tunnel release February 19, 2014. Current medications include Cymbalta, Klonopin, and Lyrica. The IW is awaiting approval for Hydrocodone 10mg and Soma 350mg. The provider is recommending MRI of the left shoulder, EMG/NCV of the upper extremities, continue medications, and continue with psychiatrist. A random drug screen was performed during the office visit. The results were consistent with medication consumption.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder MRI:** Upheld

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

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

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, MRI of the left shoulder is not medically necessary. The guidelines state for most patients with shoulder problems, special studies are not needed unless a 4-6 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red flag conditions are ruled out. Magnetic resonance imaging is recommended for acute shoulder trauma, suspect rotator cuff tear/impingement; over the age of 40; normal plain x-rays and subacute shoulder pain, suspect instability/labral tear. In this case, there was a request for treatment. MRI left shoulder. There were limited clinical findings in the record. This request for treatment was the sole clinical evaluation in the 14 page medical record. The diagnoses were s/p remote left carpal tunnel release, left median neuropathy, and status post right carpal tunnel release (February 19, 2014). There was no diagnosis for the problem related to the shoulder. Additionally, the record does not contain any documentation of conservative care directed toward the left shoulder nor was there any objective evidence of functional improvement with respect to the left shoulder since the date of injury. Objective findings (per the utilization review physician) were limited to unspecified diffuse tenderness and unspecified limited range of motion. Consequently, MRI of the left shoulder is not clinically indicated. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, MRI left shoulder is not medically necessary.