

<b>Case Number:</b>	CM14-0176461		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	06/29/2010
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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:

The injured worker (IW) is a 65-year-old woman with a date of injury of June 29, 2010. The mechanism of injury is not documented in the medical record. The carrier has accepted bilateral wrist and left shoulder. Her current work status is not documented. Pursuant to the September 29, 2014 progress report, the IW has complaints of neck pain radiating to the arms. Neck mobility is limited. Headaches are aggravated by myofascial tension arising from the shoulders radiating to her neck. Photophobia is associated with the severity of the headaches. Nausea and vomiting occurs with headaches. Physical examination reveals cervical facets, resisted passive pains of motion and provoked headaches. There was also occiput and posterior cervical muscle tenderness. There is shoulder tenderness to palpation. All shoulder tests were negative, including: Neer's impingement, Hawkin's impingement, subscapularis lift-off, O'Brien's Speed's, Crank, and Sulcus sign. Upper extremity manual muscle testing was 5/5 in all planes. The IW has been diagnosed with headaches, myofascial pain syndrome, rotator cuff tear left shoulder with impingement, and bilateral carpal tunnel. Treatment plan includes MRI of the left shoulder has been ordered due to the severity of pain and the severe ankylosis to assess reversible causes. Tramadol 50mg immediate release will be prescribed to replace Hydrocodone. Lyrica 100mg will be prescribed to reduce neuralgia in the arms, and Zorvolex 18mg as needed for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of Left Shoulder, Qty: 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)' Shoulder Section, MRI

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI of the left shoulder is not medically necessary. The guidelines provide indications for magnetic resonance imaging of the shoulder. Acute shoulder trauma, suspect rotator cuff tear/impingement, over the age of 40, normal plane radiographs; subacute shoulder pain, suspect instability/labral tear; and repeat MRI is not routinely recommended and should be reserved for significant change in symptoms and/or findings suggestive of significant pathology. Emergency for red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery for clarification of the anatomy prior to invasive procedure or additional indications for an MRI of shoulder. In the present case, there is no new clinical information indicating there has been a failure to progress in a strengthening program intended to avoid surgery. There are no other red flags or physiologic evidence suggesting neurologic dysfunction. Consequently, MRI of the left shoulder is not clinically indicated. Based on the clinical information in the medical record of the peer-reviewed evidence-based guidelines, MRI of left shoulder is not medically necessary.