

<b>Case Number:</b>	CM14-0075303		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	09/23/2011
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 and is licensed to practice in Illinois. 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 55 year-old female who reported a work related injury on 09/23/2011 due to a cumulative trauma. The injured worker's diagnoses consist of inflammatory process of the left shoulder, stiff shoulder syndrome, and left epicondylitis. The past treatment has included medication, a home exercise program, and chiropractic care. There were no pertinent diagnostic tests or surgical history. Upon examination on 03/05/2014, the injured worker complained of right arm stiffness, and bilateral wrist and shoulder pain. The objective findings included decreased range of motion in the upper extremities as well as tenderness. A follow up physical examination on 04/16/2014 noted that the injured worker reported frequent moderate to severe pain to the shoulders bilaterally. The range of motion was decreased to the right shoulder well as tenderness to palpation of the shoulder. Prescribed medications included Naproxen, Tramadol, Omeprazole, and Cyclobenzaprine. The treatment plan was for a 30 day trial of H-wave, neurological consultation and neurodiagnostic studies, and an MRI of the right shoulder. The rationale for the request was not submitted for review. The request for authorization form was also not submitted for review.

### 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 W/ OUT CONTRAST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) SHOULDER.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** The California MTUS ACOEM Guidelines state for most patients with shoulder problems, an MRI is 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. The guidelines also state primary criteria for ordering imaging studies are emergence of a red flag; physiologic evidence of tissue insult or neurovascular dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure. The medical records provided for review failed to indicate any evidence of a red flag indicator for imaging. There were no results of an impingement or Hawkins test. There was lack of documentation the injured worker had evidence of tissue insult of neurovascular dysfunction or that the physician was planning an invasive procedure for which the MRI would be needed to provide clarification of the anatomy. The submitted documentation offered no evidence that an x-ray had been done prior to the request for an MRI of the right shoulder. Although there was documentation of a home exercise program, there was no clear evidence of failure to improve with the course of conservative care or the length of time the injured worker participated in the program. Therefore, the request for an MRI of the right shoulder w/ out contrast is not medically necessary.