

<b>Case Number:</b>	CM14-0096186		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	05/15/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Physical Medicine & Rehabilitation, Pain Medicine and is licensed to practice in California and Washington. 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 57-year-old female who reported an injury on 05/15/2013. The mechanism of injury was not provided within the review. Prior treatments were noted to be ultrasound therapy, injections, transcutaneous electrical nerve stimulation, and medications. Diagnostic testing included an MRI. Her diagnoses were noted to be cervicgia/neck pain, back pain, back ache, and shoulder pain. An evaluation dated 05/15/2013 found the injured worker with subjective complaints of neck pain, low back pain, and bilateral shoulder and wrist pain. Her pain radiated through the lower extremities with tingling and cramps. Objective findings were noted to be spasms and elicited pain with palpation of the cervical spine. Muscle spasm and elicited pain were noted in the thoracolumbar spine. Range of motion was decreased with thoracolumbar myospasm and pain. The recommendations included home exercise. The rationale for the request and the Request for Authorization form were not provided within the material.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Joint Upper Extremity w/o dye:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Chapter.

**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, Magnetic resonance imaging (MRI).

**Decision rationale:** The request for an MRI joint upper extremity without dye is not medically necessary. The California MTUS American College of Occupational and Environmental Medicine state special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. If an initial or recurrent shoulder dislocation presents in the dislocated position, shoulder films before and after reduction are indicated. Persistent shoulder pain, associated with neurovascular compression symptoms, may indicate the need for an AP cervical spine radiograph to identify a cervical rib. The Official Disability Guidelines recommend MRI because it is a better demonstration for soft tissue anatomy. Subtle tears that are full thickness are best imaged by MR arthrography. Indications for imaging include acute shoulder trauma, suspect rotator cuff tear/impingement; over the age of 40; normal plain radiographs; subacute shoulder pain, suspect instability/labral tear; repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. It is noted that the injured worker, according to the clinical evaluation, does not meet the indications for imaging. The California MTUS ACOEM has listed out for ordering imaging studies, including 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. Therefore, the request for an MRI joint upper extremity without dye is not medically necessary.