Case Number:	CM15-0113999		
Date Assigned:	06/22/2015	**Date of Injury:**	05/17/2014
Decision Date:	07/23/2015	**UR Denial Date:**	05/28/2015
Priority:	Standard	**Application Received:**	06/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53-year-old female who sustained an industrial injury on 05/17/ 2014. Diagnoses include cervical spine disc protrusion with right-sided radiculopathy, lumbar spine disc protrusion with left-sided radiculopathy, right shoulder rotator cuff injury with impingement and left shoulder strain/sprain. Treatment to date has included medications, chiropractic treatment, shoulder injections and acupuncture. According to the progress notes dated 5/15/15, the IW reported continued pain in the neck, bilateral shoulders and low back. On examination, range of motion was reduced in the cervical and lumbar spine as well as the right shoulder. Point tenderness and spasms were noted in the posterior cervical spine and in the lower lumbar region. A mass was also noted on the posterior aspect of the upper right arm. Sensory exam, motor exam and deep tendon reflexes were within normal limits in the bilateral upper and lower extremities. MRI scan of the right shoulder was documented to show a rotator cuff tear. A request was made for MRI of the right upper arm for evaluation and treatment of possible triceps tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right upper arm: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: ACOEM PRACTICE GUIDELINES, Shoulder Complaints, pages 207-209 state the following: "Routine testing (laboratory tests, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. Cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Suspected acute tears of the rotator cuff in young workers may be surgically repaired acutely to restore function; in older workers, these tears are typically treated conservatively at first. Partial-thickness tears should be treated the same as impingement syndrome regardless of magnetic resonance imaging (MRI) findings. Shoulder instability can be treated with stabilization exercises; stress radiographs simply confirm the clinical diagnosis. For patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning. Imaging findings can be correlated with physical findings. Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full-thickness rotator cuff tear not responding to conservative treatment); Imaging may be considered for a patient whose limitations due to consistent symptoms have persisted for one month or more, i.e., in cases: When surgery is being considered for a specific anatomic defect (e.g., a full-thickness rotator cuff tear). Magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation be- cause it demonstrates soft tissue anatomy better." In the case of this worker, this is a request for MRI to evaluate a suspect mass/tear in the triceps muscle. It was first noted in a progress note dated 11/20/14. It should be noted that progress notes up to 5/15/15 document that there is a mass on exam and the assessment each time had indicated that a tear was suspected. Given that this is a red flag finding for the upper extremity, a MRI is medically necessary in this case.