

<b>Case Number:</b>	CM15-0124091		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	06/13/2014
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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

### 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 50-year-old male patient who sustained an industrial injury on 06/13/2014. A primary treating office visit dated 01/13/2015 reported the patient with subjective complaint of having slightly decreased pain due to current medication regimen. The treating diagnoses were: thoracic strain/sprain; cervical sprain/strain; lumbosacral strain/sprain; brachial neuritis or radiculitis; bilateral sciatica; thoracolumbar regulatory dysfunction; cervicothoracic regulatory dysfunction, and shoulder strain/sprain bilaterally. The plan of care noted the patient being prescribed chiropractic care to include electrical stimulation, myofascial release and mechanical massage. He is to remain off from work through 02/03/2015. The subjective complaints reported on 02/17/2015 showed the patient having a flare-up due to participating in daily activities. He is to remain off from work through 03/10/2015. Back at a follow up on 12/02/2014 there was no change in the treating diagnoses, objective assessment or the plan of care. Subjective complaint reported a flare up of pain secondary to performing daily activities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder/MRI Chapter (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Chapter 9, Shoulder Complaints, Special Studies and Diagnostic Considerations, page 209.

**Decision rationale:** Guidelines state routine MRI or arthrography is not recommended without surgical indication such as clinical findings of rotator cuff tear. It may be supported 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; however, this has not been demonstrated with negative impingement sign and lack of neurological deficits. Criteria for ordering imaging studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electro diagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI right shoulder is not medically necessary and appropriate.