

<b>Case Number:</b>	CM15-0124682		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	07/08/2010
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/08/2015
<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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 56-year-old female, who sustained an industrial injury on 7/8/10. The injured worker has complaints of constant pain in the cervical spine that radiated into the upper extremities with associated tingling and numbness and associated with headaches that are migrainous in nature as well as tension between the shoulder blades. The documentation noted that there is constant pain in the bilateral wrist, right greater than left; low back; bilateral shoulder; bilateral elbow and right hip. Cervical spine examination revealed palpable paravertebral muscle tenderness with spasm and shoulder revealed tenderness around the anterior glenohumeral region and subacromial space. The documentation noted that the elbows revealed tenderness at the medial aspect of the elbows and the wrist/hands revealed tenderness over the volar aspect of the wrists and right thumb with triggering. Lumbar spine examination revealed palpable paravertebral muscle tenderness with spasm and right hip revealed pain and tenderness in the anterolateral aspect of the hip. The diagnoses have included cervical discopathy with chronic cervicgia; lumbar discopathy; bilateral carpal tunnel/cubital tunnel syndrome/double crush syndrome and bilateral shoulder impingement. Treatment to date has included cervical spine X-rays revealed spondylosis at C4 to C6 with retrolisthesis at C5-6; right shoulder X-ray showed acromioclavicular arthrosis; injections; cervical magnetic resonance imaging (MRI) evidence of two anterior disc protrusions at C4-C5 and C5-C6; lumbar magnetic resonance imaging (MRI) showed evidence of two posterior protrusions at L4-L5 and L5-S1 (sacroiliac); right elbow magnetic resonance imaging (MRI) showed evidence of 7 millimeter osteochondritis dessicans in the medial aspect of radial head with 5 millimeter subchondral cysts in distal lateral humeral condyle, right elbow; magnetic resonance imaging (MRI) showed evidence of fracture versus pseudo-fracture of capitate, left wrist; magnetic resonance imaging (MRI) of the left

shoulder showed partial tear of supraspinatus tendon; nalfon; omeprazole; ondansetron; cyclobenzaprine and tramadol. The request was for magnetic resonance imaging (MRI) right shoulder.

### **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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Shoulder.

**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 right shoulder is not medically necessary. MRI and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. The indications for magnetic resonance imaging are rated in the Official Disability Guidelines. They include, but are not limited to, 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. In this case, the injured worker's relevant working diagnoses are a likely full thickness tear in the critical insertion zone of the supraspinatus tendon with superior labral tear right shoulder per MRI; bilateral shoulder impingement; partial tear supraspinatus tendon left shoulder; etc. (see page 37 for additional nonrelated shoulder diagnoses). According to a QME dated August 4, 2012, the injured worker had an MRI of the bilateral shoulders. The MRI showed bilateral shoulder impingement, partial tear supraspinatus tendon of the left shoulder MRI. The right shoulder MRI showed a likely full thickness tear in the critical insertion zone of the supraspinatus tendon with superior labral tear. The date of injury is July 8, 2010. The request for authorization is June 2, 2015. According to the most recent progress note dated May 7, 2015, the injured worker has multiple complaints including bilateral shoulders. Objective examination of the shoulders includes tenderness palpation over the anterior glenohumeral region. There is no instability. X-rays were performed that showed no fracture or dislocation. The treatment plan requests an MRI of the right shoulder. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and or findings suggestive of significant pathology. There is no clinical rationale for repeating an MRI of the right shoulder. Consequently, absent clinical documentation with a significant change in symptoms and or objective findings suggestive of significant pathology and a previously performed MRI of the right shoulder, MRI right shoulder is not medically necessary.