

<b>Case Number:</b>	CM15-0162130		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	01/14/2014
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: Montana, Oregon, Idaho  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 31 year old female who sustained an industrial injury on 01-14-2014. Medical records indicated the worker was treated for neck, lower back, bilateral shoulder and bilateral hand pain. Her pain varies between an 8 to a 9 on a scale of 0-10. In the provider notes of 07-13-2015, the worker complained of pain in the neck, bilateral shoulder, back bilateral wrist, and hand. Current medication includes Flexeril which she reports does not help the pain, but helps her get a good night sleep and brings the pain down from a 9 to a 6. The pain is made worse with activities. On exam, the worker had decreased range of motion of both shoulders and tenderness of the AC joint with a positive Hawkin's sign bilaterally. Examination of the wrists revealed a positive Tinel's and Phalen's sign and decreased sensation over the median nerve distribution of the right hand with decreased two point discrimination. The bilateral hands had decreased sensation and strength at the median and ulnar aspects. There was positive Phalen's test bilaterally. Examination of the lumbar spine revealed decreased range of motion. There was tenderness over the paraspinal muscles with positive Kemp's sign bilaterally. A request for authorization was submitted for One (1) magnetic resonance imaging of the right shoulder as an outpatient. A utilization review decision 08-18-2015 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) magnetic resonance imaging of the right shoulder as an outpatient: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, MRI.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

**Decision rationale:** According to the CA MTUS/ACOEM guidelines Chapter 9 Shoulder complaints regarding imaging of the shoulder, page 207-208 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)In this case there is insufficient evidence to support the guidelines for MRI of the shoulder above. There is no documentation of a failed strengthening program to avoid surgery. Therefore, the request is not medically necessary.