

<b>Case Number:</b>	CM15-0174153		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	06/04/2015
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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: Family Practice

### 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 41 year old female, who sustained an industrial injury on June 4, 2015, resulting in pain or injury to the left elbow region, left shoulder, and the left lateral breast. A review of the medical records indicates that the injured worker is undergoing treatment for left shoulder sprain-strain, myalgia and possible contusion of the left breast, left elbow reinjury, brachial neuritis, and cervical sprain-strain. On July 17, 2015, the injured worker reported left elbow pain specifically at the posterior and lateral elbow, left shoulder and AC joint pain involving the deltoid region, cervical pain along the left supraspinatus region, and pain along the lateral breast pectoralis muscle. The injured worker was noted to have rated her pain as an 8 out of 10. The Doctor's First Report of Occupational Injury dated July 17, 2015, noted the physical examination to show a positive foraminal compression test and positive distraction test, with SCM palpation revealing multiple trigger points along the cervical spine on the left versus the right. Pinwheel evaluation was noted to depict decreased sensation along the left C6 and C8 dermatome regions, with guarding on triceps reflex testing on the left, and upper extremity muscle testing was guarded. The left shoulder was noted to have tenderness along the deltoid region with pain and restricted range of motion (ROM), and the injured worker unable to perform any Apley's maneuver. The injured worker received electrical muscle stimulation and myofascial release treatments. The treatment plan was noted to include a request for a MRI of the left shoulder to rule out internal pathology. The injured worker was noted to have been unable to continue working, and was placed on total temporary disability on July 24, 2015. The request for authorization dated July 23, 2015, requested a MRI of the left shoulder. The

Utilization Review (UR) dated August 19, 2015, non-certified the request for a MRI of the left shoulder.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

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

**Decision rationale:** Per the CA MTUS ACOEM guidelines, for most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red flag conditions are ruled out. The guidelines state that imaging may be considered for patients whose limitation is due to consistent symptoms that persist for one month or more, in cases when surgery is being considered for a specific anatomic defect or to further evaluate the possibility of potentially serious pathology such as a tumor. In this case, the medical records do not establish failure of conservative case or red flags to support the request for advanced imaging studies. The request for MRI left shoulder is not medically necessary and appropriate.