

<b>Case Number:</b>	CM15-0178875		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	05/29/2014
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: North Carolina

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 54 year old female, who sustained an industrial injury on May 29, 2014. She reported neck pain, back pain, bilateral shoulder pain, bilateral wrist pain, dizziness, ringing in the ears and nausea. The injured worker was diagnosed as having cervical sprain and strain, post-contusion and post-concussion syndrome, left knee internal derangement, right shoulder impingement, shoulder sprain and strain and hip pain. Treatment to date has included diagnostic studies, radiographic imaging, medications and work restrictions. Currently, the injured worker continues to report bilateral wrist pain, bilateral shoulder pain with associated tingling and numbness of the bilateral upper extremities, neck pain, back pain, headaches, dizziness, nausea, anger, depression, ringing in the ears and decreased concentration and memory. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was without complete resolution of the pain. Evaluation on June 11, 2015, revealed continued symptoms as noted. It was noted the symptoms were getting worse. Urine toxicology results were noted as negative. The videonastagmography study on July 17, 2015, was noted as abnormal. Magnetic resonance imaging of the right shoulder on July 27, 2013, revealed acromioclavicular joint arthropathy with reactive bone marrow edema. Evaluation on August 13, 2015, revealed significant vertigo, ringing in the ears, vomiting and difficulty getting out of bed. It was noted she was "extremely moody, angry and fights with everybody". It was also noted she had significant depression. Her condition was noted as worse. It was noted she reported wandering out of the house and being unable to find her way back inside at times. The physician noted post-concussive syndrome was difficult to predict and treat and recommended a neurophysiologist evaluation. Medications including Tramadol, Protonix and Voltaren were continued. The physician recommended a right shoulder magnetic resonance image (MRI) as well secondary to

ongoing right shoulder symptoms. Her work status remained temporarily totally disabled. The RFA included requests for an Outpatient MRI scan of the right shoulder without contrast and a Referral for a psychiatrist consultation and was non-certified on the utilization review (UR) on September 1, 2015.

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

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

#### **Outpatient MRI scan of the right shoulder without contrast: Upheld**

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

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

**Decision rationale:** The ACOEM chapter on shoulder complaints and imaging studies states: 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). The criteria as set forth above for imaging studies of the shoulder have not been met from review of the provided clinical documentation. There are no new physiologic or neurologic deficits and no red flags on exam. There is no planned invasive procedure mentioned. Therefore, the request is not medically necessary.

#### **Referral for a psychiatrist consultation: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, Page 127.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

**Decision rationale:** Per the ACOEM: The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient does have continued and ongoing depression and anxiety. Therefore, psychiatry consult would be medically necessary.