

<b>Case Number:</b>	CM15-0068956		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	05/08/2008
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2015

### 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: California  
Certification(s)/Specialty: Emergency 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 05/08/2008. The initial complaints or symptoms included injury to the right hand, right shoulder (pain), upper extremities and back (pain). The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, pelvic and abdominal ultrasounds, right shoulder surgery (2012), conservative therapies, x-rays and previous MRI of the right shoulder prior to previous surgery. Currently, the injured worker complains of constant and severe right shoulder pain described as burning and tearing pain, and severe low back pain with constant pain shooting down into the lower extremities with intermittent numbness in the right lower extremity. The diagnoses include right rotator cuff tendinopathy, low back pain, and degenerative disc disease of the lumbar spine. The treatment plan consisted of MRI of the right shoulder, MRI of the lumbar spine, EMG/NCV (electromyography/nerve conduction velocity) of the bilateral lower extremities, referral to a pain management specialist, and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THE RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 207-209.

**Decision rationale:** The requested MRI OF THE RIGHT SHOULDER is not medically necessary. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations, page 207-209, recommend an imaging study of the shoulder with documented exam evidence of ligament instability, internal derangement, impingement syndrome or rotator cuff tear, after failed therapy trials. The injured worker has constant and severe right shoulder pain described as burning and tearing pain, and severe low back pain with constant pain shooting down into the lower extremities with intermittent numbness in the right lower extremity. The diagnoses include right rotator cuff tendinopathy, low back pain, and degenerative disc disease of the lumbar spine. The treating physician has not documented recent physical therapy trials to improve muscle strength or range of motion. The treating physician has not documented exam evidence indicative of impingement syndrome, rotator cuff tear or internal joint derangement. The criteria noted above not having been met, MRI OF THE RIGHT SHOULDER is not medically necessary.

**MRI OF THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303-305.

**Decision rationale:** The requested MRI OF THE RIGHT SHOULDER is not medically necessary. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations, page 207-209, recommend an imaging study of the shoulder with documented exam evidence of ligament instability, internal derangement, impingement syndrome or rotator cuff tear, after failed therapy trials. The injured worker has constant and severe right shoulder pain described as burning and tearing pain, and severe low back pain with constant pain shooting down into the lower extremities with intermittent numbness in the right lower extremity. The diagnoses include right rotator cuff tendinopathy, low back pain, and degenerative disc disease of the lumbar spine. The treating physician has not documented recent physical therapy trials to improve muscle strength or range of motion. The treating physician has not documented exam evidence indicative of impingement syndrome, rotator cuff tear or internal joint derangement. The criteria noted above not having been met, MRI OF THE RIGHT SHOULDER is not medically necessary.

**EMG/NCV OF THE BILATERAL LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The injured worker has constant and severe right shoulder pain described as burning and tearing pain, and severe low back pain with constant pain shooting down into the lower extremities with intermittent numbness in the right lower extremity. The diagnoses include right rotator cuff tendinopathy, low back pain, and degenerative disc disease of the lumbar spine. The treating physician has not documented recent physical therapy trials to improve muscle strength or range of motion. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive straight leg raising test or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, EMG/NCV OF THE BILATERAL LOWER EXTREMITIES is not medically necessary.