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| <b>Case Number:</b>   | CM15-0091507 |                              |            |
| <b>Date Assigned:</b> | 05/15/2015   | <b>Date of Injury:</b>       | 12/14/2007 |
| <b>Decision Date:</b> | 07/01/2015   | <b>UR Denial Date:</b>       | 04/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/12/2015 |

### 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: Physical Medicine & Rehabilitation

### 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 58 year old male, who sustained an industrial injury on 12/14/2007. He reported a sudden pop in his lower back followed by a burning sensation. He also experienced pain in his bilateral shoulders. According to a progress report dated 04/02/2015, subjective complaints included lumbar, sacroiliac, pelvic, buttock, sacral, left and right posterior shoulder, cervical, elbow, hand, knee, lower extremity, back, thoracic, chest and TMJ pain. He had numbness and tingling in the right and left anterior shoulder, right and left anterior arm, right and left anterior elbow, right and left anterior forearm, right and left anterior wrist, right and left anterior hand, right and left posterior shoulder, right and left posterior arm, right and left posterior elbow, right and left posterior forearm, right and left posterior wrist, right and left posterior hand. He also reported headaches, dizziness, anxiety, stress and insomnia. Range of motion was decreased in the shoulders. Computerized muscle strength testing was performed. Diagnoses included cervical disc disorder, shoulder tendinitis, calcifying tendinitis shoulder, carpal tunnel syndrome, lumbar intervertebral disc displacement without myelopathy, hypertension, ventricular tachycardia, myalgia and myositis unspecified and status post lumbar discectomy. The provider noted that the injured worker had a severe bilateral shoulder condition which required surgery. However due to his heart condition and pending surgery of the heart, the injured worker would have to wait until his heart was able to tolerate total anesthesia for the shoulder surgeries. Treatment to date has included medications, acupuncture, physical therapy and cortisone injections. Treatment plan included medications, acupuncture, MRI of the bilateral

shoulders, electrodiagnostic studies of the lower extremities based on symptoms and MRI findings. Currently under review is the request for MRI of the bilateral shoulders.

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

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

**MRI of bilateral shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196,207, 208-9.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official disability guidelines Shoulder chapter, MRI.

**Decision rationale:** The patient was injured on 12/14/07 and presents with lumbar, sacroiliac, pelvic, buttock, sacral, left and right posterior shoulder, cervical, elbow, hand, knee, lower extremity, back, thoracic, chest and TMJ pain. The request is for an updated MRI of The Bilateral Shoulders. There is no RFA provided and the patient is totally temporary disabled for 45 days, as of 04/02/15. The utilization review denial letter indicates that the patient has had a prior MRI of the bilateral shoulders. The results of this MRI are not provided. ACOEM Guidelines has the following regarding shoulder MRI on pages 207-208, "Routine testing (laboratory tests, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain." ACOEM Guidelines page 207-208 continues to state that the primary criteria for ordering imaging studies include: 1. Emergency red flags. 2. Physiologic evidence of tissue insult. 3. Failure to progress in strengthening program. 4. Clarification of anatomy prior to an invasive procedure. The ODG Guidelines under shoulder chapter supports MRI of the shoulder if conservative measures have failed and rotator cuff/labral tear are suspected. The reason for the requested updated MRI is not provided. The patient is diagnosed with cervical disc disorder, shoulder tendinitis, calcifying tendinitis shoulder, carpal tunnel syndrome, lumbar intervertebral disc displacement without myelopathy, hypertension, ventricular tachycardia, myalgia and myositis unspecified, and status post lumbar discectomy. He has palpable tenderness at the left/right posterior shoulder, palpable tenderness at the left/right anterior shoulder, a limited range of motion for both shoulders, numbness/tingling at the right/left anterior shoulder, and numbness/tingling at the right/left posterior shoulder. It appears that the patient has had a prior MRI of the bilateral shoulders. However, the results of this MRI are not provided. The treater does not discuss why another set of MRI's are needed. In this case, there are no significant changes and symptoms and/or findings which are suggestive of significant pathology. The patient is not post-op either. Therefore, the requested updated MRI of the bilateral shoulders IS NOT medically necessary.