

<b>Case Number:</b>	CM15-0097239		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	12/02/2014
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	05/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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: Florida  
 Certification(s)/Specialty: Neurology, Pain Management

### 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 47 year old male, who sustained an industrial injury on 12/02/2014. He has reported injury to the head, neck, bilateral shoulders, right knee, and back. The diagnoses have included chronic cervical sprain; chronic thoracic sprain; chronic lumbosacral sprain; chronic right knee sprain; bilateral hip sprain; chronic right elbow pain with medial epicondylitis; chronic right ankle sprain; bilateral temporomandibular joint pain; memory difficulty, probable mild post-concussive syndrome; subacute left shoulder sprain; right shoulder pain; and post-traumatic headaches. Treatment to date has included medications, diagnostics, crutches, and right knee immobilizer. Medications have included Norco, Midrin, and Baclofen. A progress note from the treating physician, dated 04/10/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued neck and back pain; some improvement in his bilateral hip pain; right knee pain; right elbow pain with intermittent numbness of the three outer fingers; continued difficulty with his memory; continued jaw pain; continued pain in both shoulders, although the left shoulder seems to be improving; and he is still having headaches and ringing in his ears. Objective findings included right knee tenderness without crepitus; trace positive Lachman test with negative McMurray test; Tinel test is positive in the right elbow for ulnar nerve entrapment; decreased range of motion of the right shoulder; right medial and lateral epicondylar tenderness; bilateral temporomandibular tenderness; decreased range of motion of the cervical spine; paracervical tenderness from C2 to C7-T1; parathoracic tenderness from T1 to T12-L1; paralumbar tenderness from L1 to L5-S1,

left greater than right; and bilateral sacroiliac and trochanteric tenderness. The treatment plan has included the request for MRI joint upper extremity without dye.

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

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

**MRI joint upper extremity without dye:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - shoulder, MRI.

**Decision rationale:** Medical records report decreased range of motion of the right shoulder; right medial and lateral epicondylar tenderness; ODG supports imaging to evaluate etiology of condition when red flags (such as weakness and atrophy) are noted. As the medical records do not indicate any stability of the shoulder joint or indicate any red flag issues such as suspicion of cancer, infection, MRI of the shoulder is not congruent with ODG guidelines. Therefore the request is not medically necessary.