

<b>Case Number:</b>	CM17-0005616		
<b>Date Assigned:</b>	01/12/2017	<b>Date of Injury:</b>	10/28/2016
<b>Decision Date:</b>	02/07/2017	<b>UR Denial Date:</b>	12/30/2016
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2017

### 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: Texas, New York, California  
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a 56-year-old female who has filed a claim for shoulder, wrist, hand, back, leg pain, low back pain, hand pain, and psychological stress reportedly associated with an industrial injury of October 28, 2016. On December 30, 2016, the claims administrator failed to approve a request for an MRI imaging of the right shoulder. A December 15, 2016 date of service was referenced in the determination. The applicant subsequently appealed. On a December 22, 2016 RFA form, a wrist splint, 12 sessions of physical therapy to the low back, 12 sessions of physical therapy to the shoulder, electrodiagnostic testing of the right upper extremity, and right shoulder MRI imaging were ordered. On an associated Doctor's First Report (DFR) dated December 15, 2016, the applicant reported multifocal complaints of right shoulder, bilateral wrist, bilateral hand, low back, and leg pain with psychological stress reportedly associated with cumulative trauma at work. Overall commentary was sparse. The applicant was given a diagnosis of a posterior glenohumeral shoulder pain. The applicant was apparently returned to work. Overall commentary was sparse. On a separate narrative report dated December 15, 2016, the attending provider reiterated that the applicant continued performing full duty work, despite having multifocal pain complaints. The applicant exhibited 5/5 upper extremity motor function in all muscle groups tested. The applicant retained 175 degrees of shoulder abduction and 170 degrees of shoulder flexion about the right shoulder with only slightly positive provocative testing appreciated about said right shoulder. The attending provider stated that the applicant's presentation was consistent with impingement syndrome. Physical therapy and MRI imaging of the shoulder were ordered. The attending provider stated that the applicant consider a

subacromial injection at some point in the future. The attending provider also stated that he was intent on pursuing electrodiagnostic testing of the right upper extremity and, at some point, MRI imaging of the lumbar spine.

### **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 (1.5 Tesla Closed): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic resonance imaging (MRI).

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

**Decision rationale:** No, the request for MRI imaging of the right shoulder was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of shoulder MRI imaging for evaluation purposes without surgical indications is deemed "not recommended." Here, there was no mention of the applicant's willingness to act on the results of the study in question and/or potentially consider a surgical intervention based on the outcome of the same. The fact that multiple different diagnostic studies to include right shoulder MRI imaging and electrodiagnostic testing were concurrently ordered on the same date of service, taken together, suggested that the shoulder MRI imaging in question had in fact been ordered for routine evaluation purposes, without any clearly formed intention of acting on the results of the same, which, taken together with the applicant's already successful return to regular work, well-preserved right shoulder range of motion, and right shoulder strength appreciated on the December 15, 2016 office visit at issue, taken together, suggested that the applicant was/is not, in fact, actively considering or contemplating any kind of surgical intervention involving the right shoulder based on the outcome of the study in question. Therefore, the request was not medically necessary.