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| <b>Case Number:</b>   | CM17-0010728 |                              |            |
| <b>Date Assigned:</b> | 01/20/2017   | <b>Date of Injury:</b>       | 10/10/2016 |
| <b>Decision Date:</b> | 02/14/2017   | <b>UR Denial Date:</b>       | 01/03/2017 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/17/2017 |

### 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: California

Certification(s)/Specialty: Internal 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 46 year old male who sustained an industrial injury October 10, 2016. Diagnoses are left shoulder labral tear, possible rotator cuff tear and impingement syndrome; left thumb non-displaced fracture. Past history included closed fracture of phalanx of left thumb. According to a physician's physical medicine consultation report dated December 13, 2016, the injured worker presented with complaints of pain in the left thumb, shoulder and arm, rated 8 out of 10. The pain has increased in the thumb with repeated gripping, grasping, and pressure. The pain in the left shoulder has increased with abduction and any overhead activity. He uses a splint for the thumb, sling, a cervical pillow, and a TENS (transcutaneous electrical nerve stimulation) unit. Objective findings included; cervical spine-left shoulder- discrete tender trigger points over left trapezius, mid-scapular, and scapular musculature, left greater than right; neck and left shoulder range of motion decreased; deep tendon reflexes 1+ and equal for biceps, triceps and brachioradialis; decreased range of motion in first DIP (distal interphalangeal) joint with tenderness; ulnar neuropathy test positive; Finkelstein's positive secondary to painful thumb; grind test negative. Treatment plan included diagnostic studies, ibuprofen and Flexeril. Hand therapy and physical therapy. At issue is a request for authorization for an MRI left shoulder. According to utilization review dated January 3, 2017, the request for an MRI left shoulder is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **MRI (magnetic resonance imaging) of the left shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (Acute & Chronic) - Indications for imaging, MRI (magnetic resonance imaging).

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, MRI shoulder.

**Decision rationale:** Pursuant to the ACOEM and Official Disability Guidelines, MRI (magnetic resonance imaging) of the left shoulder is not medically necessary. The MTUS states: For most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. MRI and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. The indications for magnetic resonance imaging are cited in the Official Disability Guidelines. They include, but are not limited to, acute shoulder trauma, suspect rotator cuff tear/impingement, over the age of 40, normal plain radiographs; subacute shoulder pain, suspect instability/labral tear; repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and or findings suggestive of significant pathology. In this case, the injured worker's working diagnoses are left shoulder labral tear, possible rotator cuff tear and impingement syndrome; left thumb non-displaced fracture. Date of injury is October 10, 2016. Request for authorization is December 15, 2016. The medical record contains 46 pages. According to a December 13, 2016 progress note, the injured worker has a history of a left thumb/hand injury (smashed between pallets). There was a subsequent fracture of the thumb. A splint was provided. Additional complaints included left shoulder pain. An MRI left shoulder was ordered, but denied. Subjectively, the injured worker complains of left thumb, shoulder and arm pain. He continues to wear a left thumb splint. Pain score is 8/10 and constant in the left shoulder. Objectively, left shoulder range of motion is decreased. Abduction is 70, flexion 60 and extension 25. There is no documentation of treatment rendered to either the thumb or the shoulder. The treatment plan states six physical therapy sessions to address the arm and shoulder were requested. There is no documentation physical therapy was started or completed. There are no physical therapy progress notes. There are no radiographs of the left shoulder in the record. The documentation occurred approximately 8 weeks prior. Absent clinical documentation of conservative management and plain radiographs, MRI imaging left shoulder is not clinically indicated. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, MRI (magnetic resonance imaging) of the left shoulder is not medically necessary.