

<b>Case Number:</b>	CM13-0006236		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	09/27/2011
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/02/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 underlying date of injury in this case is 09/27/2011. The primary diagnosis is a cervical sprain. This patient previously underwent right shoulder MRI imaging in December 2011. On 07/02/2013, the patient's treating psychiatrist submitted a PR-2 report covering exam dates of 06/01/2013 through 06/30/2013. There was no change in the patient's symptoms except for a change in her sleep pattern. Diagnoses included major depressive disorder and insomnia. A specific musculoskeletal examination was not documented at that time. On 08/01/2013, a PR-2 report from the patient's treating orthopedic physician indicates the patient reported no change in symptoms and continued to report left shoulder pain and increased right upper extremity pain. That report is only partially legible and reports left shoulder tendinitis due to overuse.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MRI OF THE CERVICAL SPINE AND RIGHT SHOULDER/ NOT MEDICALLY CERTIFIED BY PA: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 182; 209.

**Decision rationale:** ACOEM Guidelines Chapter 8 Neck, page 182, recommends MRI imaging of the cervical spine to validate specific evidence of nerve root compromise based on specific findings on neurological examination. ACOEM Guidelines Chapter 9 Shoulder, page 209, also recommends MRI imaging for specific purpose, particularly to rule out a rotator cuff tear. This guideline cautions against relying on imaging to evaluate the source of shoulder symptoms rather than history and physical exam. The medical records contain very limited history and physical examination data to support the rationale for an MRI of either the cervical spine or shoulder. Neither MRI is supported by the medical records and guidelines. This request is not medically necessary.