

<b>Case Number:</b>	CM13-0012774		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	11/18/2011
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	07/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### 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 Internal Medicine 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 patient was injured on 11/18/2011. The mechanism of injury is unknown. He carries a diagnosis of right shoulder sprain, right shoulder subacromial bursitis, s/p arthroscopic surgery of right shoulder. A note dated 12/20/2012 documented the patient to be unchanged since the last office visit. He has right shoulder pain 6/7/10 that radiates down into the right arm/hand. The patient states his shoulder pain is always present. He stated that heat, or alternating hot and cold, aggravates the pain. He stated the pain is alleviated with medications. The written note was otherwise illegible. In a subsequent note dated 06/11/2013, the patient continued to have numbness and tingling sensations at, right greater than left, in the hand/wrist regions. Pain was 7/10 and interferes with gripping and grasping objects. The written note was otherwise illegible. PR2 dated 07/10/2013 indicated the patient continued to complain of neck pain (written note illegible) and he complains of left shoulder pain with decreased range of motion and difficulty with ADLs such as grooming. Objective findings on exam revealed tenderness of the paraspinals with spasm; Flexion is 52; Extension is 50; Right rotation is 66; Left rotation is 68; right bending is 42; left bending is 40. He has decreased sensation on the right. The left shoulder revealed tenderness. The written note was otherwise illegible.

### 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:** Overturned

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

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

**Decision rationale:** Most of the written notes provided are illegible, however, it does appear that the patient is complaining of right shoulder pain and neck pain associated with right hand numbness. The pain symptoms have been occurring since at least 2011 and while there has been some improvement after his shoulder surgery, his symptoms persist. Furthermore, there is evidence that the patient has focal neurologic findings (ie. Hypoesthesia of C6 and C7 dermatome) on exam. Interestingly, an upper extremity nerve conduction study performed 6/24/13 does not demonstrate any evidence of neuropathy. Given the fact that the patient has chronic neck pain associated with both subjective and objective neurologic deficit, MRI of the cervical spine would be diagnostically useful. Thus, based on the occupational medicine guidelines the request for cervical spine MRI is certified.