

<b>Case Number:</b>	CM13-0029780		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	05/06/2010
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Texas. 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 physician 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 is a 44 year old male who reported an injury on 05/06/2010 due to a fall that reportedly caused injury to the patient's left shoulder. The patient was initially treated with conservative treatments that ultimately failed to provide symptom resolution and resulted in left shoulder surgery. The patient was treated postoperatively with physical therapy. The patient was later diagnosed with cubital tunnel syndrome and underwent cubital release and left ulnar nerve transposition that resolved the patient's pain. The patient was examined on 08/20/2013. During this examination it was documented that the patient had tenderness to palpation over the subacromial and acromioclavicular joint with a positive impingement test and range of motion described as 160 degrees in flexion, 45 degrees in extension, 158 degrees in abduction, 46 degrees in adduction, 88 degrees in internal rotation, and 85 degrees in external rotation. Evaluation of the patient's left elbow revealed tenderness to palpation and mild sensitivity to the patient's scar tissue over the ulnar groove with range of motion described as 136 degrees in flexion, 0 degrees in extension, 80 degrees in pronation and in supination. Examination of the patient's left wrist and hand revealed a positive Tinel's test and a positive Phalen's test with decreased sensation to pinprick involving the left index finger and hypersensitivity of the middle finger. The patient's diagnoses included left shoulder pain, left elbow pain, left wrist pain and numbness. The patient's treatment plan included electrodiagnostic studies and MRI studies for clarification of neuropathic versus radicular pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI C/Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation guidelines.gov ACR Appropriateness Criteria, and the Medical Treatment Guidelines, Washington State Department of Labor and Industries.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-179.

**Decision rationale:** ACOEM Guidelines recommend imaging studies to clarify nerve root involvement when physical findings support radiculopathy and have not responded to conservative treatments. The clinical documentation submitted for review does indicate that the cervical MRI is being ordered for clarification purposes. However, the documentation submitted for review on 08/20/2013 does not provide an adequate evaluation of the patient's cervical spine to support the suspicion of radiculopathy. There are no orthopedic test results in the medical records provided for review that support the suspicion of radiculopathy. Additionally, the clinical documentation submitted for review does not indicate that the patient has had any conservative treatment directed towards the cervical spine. Therefore, an imaging study would not be indicated at this time. As such, the requested MRI of the cervical spine per is not medically necessary and appropriate.