

<b>Case Number:</b>	CM13-0033719		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 57-year-old female who reported an injury on 03/01/2013. The mechanism of injury was the patient tripping and falling. Review of the medical record revealed the patient's diagnoses include knee pain, right (719.46); frozen shoulder (726.0); shoulder pain, left (719.41). The most recent clinical note dated 09/27/2013 revealed the patient complains of constant pain to her left shoulder with intensity rating at 2/10 to 8/10 in severity. The patient states her pain is exacerbated by bending, lifting, prolonged standing, walking, pulling, reaching, and sleeping. Recent MRI of the left shoulder revealed supraspinatus tendinosis, subacromial bursitis, subacromial impingement, and acromioclavicular degenerative changes. Physical examination findings include left shoulder active abduction of 120 degrees and forward flexion of 100 degrees. The patient's plan of care consisted of physical therapy to her left shoulder to work on improving her range of motion and scapular stabilizer strengthening, NSAIDs as needed, followup after physical therapy, and if progress is limited, will consider left shoulder subacromial injection.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 weeks period of conservative care and observation fails to improve symptoms. There is documentation in the medical record on several clinical notes stating that there was no tenderness to palpation; no pain, and normal cervical spine movements noted to the cervical spine examination. There was also a lack of neurological deficits on examination to support the necessity of the MRI at this time. Therefore, the request for MRI of the cervical spine is not medically necessary and appropriate