

<b>Case Number:</b>	CM13-0046010		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/25/2013
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Internal Medicine, and is licensed to practice in New York. 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 review of the medical documentation indicates the claimant is a 50 year old female who sustained an injury on 03/25/2013. The mechanism of injury was not provided. Her diagnoses include cervical radiculopathy, right shoulder impingement syndrome, right elbow epicondylitis, right ulnar neuropathy, and right carpal tunnel syndrome. She has been evaluated with MRI studies of the cervical spine and right shoulder, and EMG/NCS. On exam she continues to complain of neck, right shoulder, elbow and hand pain. The treating provider has requested an MRI of the cervical spine and an MRI of the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI cervical spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 304.

**Decision rationale:** There is no documentation provided necessitating a repeat cervical MRI. MRI is indicated if there are unequivocal objective findings that identify specific nerve compromise on neurologic examination in patients who do not respond to treatment and who

would consider surgical intervention. Cervical MRI imaging is the mainstay in the evaluation of myelopathy. In addition to diagnosing disc herniation, neoplastic or infectious pathology can be visualized. In this case, the claimant has undergone an MRI of the cervical spine and there is no documentation of any new injury or significant change in symptoms or physical exam to suggest the medical necessity of repeat imaging. Medical necessity for the requested cervical MRI has not been established. The requested service is not medically necessary.

**MRI right shoulder:** Upheld

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

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

**Decision rationale:** The claimant has a diagnosis of right shoulder impingement syndrome. She has been evaluated previously with an MRI. There is no documentation of any positive drop test; positive Hawkins or Neer signs consistent with an acute rotator cuff tear. There is no documentation of any new injury or significant change in symptoms to suggest the medical necessity of repeat MRI imaging of the shoulder. Medical necessity for the requested MRI of the right shoulder has not been established. The requested service is not medically necessary.