

<b>Case Number:</b>	CM13-0055948		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/23/2012
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 & 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 patient is a 27 year old female who was injured on 08/23/2012. The mechanism of injury is unknown. Prior treatment history has included Norco, Tramadol, Post-Op physical therapy, Ultracet, sling, and HEP. The patient underwent left shoulder arthroscopic subacromial decompression with acromioplasty and left shoulder arthroscopic distal clavicle resection on 04/03/2013. According to psychiatric note dated 10/14/2013, the patient complained of left periscapular pain and left hand numbness. On physical exam, there was decreased in the C5 and C7 dermatomes on the left. The patient had 4/5 triceps extension strength on the left. There is full range of motion in the neck; however flexion and extension of the neck reproduced some of her periscapular pain; empty can was positive; Tinel's is positive at the wrist bilaterally. The patient was diagnosed with suspected left C7 radiculopathy versus carpal tunnel syndrome versus brachial plexopathy. Office note dated 09/26/2013 states the patient has burning pain located in the left shoulder. She describes it as aching and burning. She considers it to be moderate to severe. She has noticed that it is made worse by working overhead, lifting, repetitive arm use and lying down. It is improved with stretches, medications, heat and also therapy. She feels it is not improving. Her pain level is 6/7-10; 40-45% of normal. Objective findings on exam revealed neck exam is normal. The left shoulder has pain in all planes. Pain to palpation is present left rotator cuff and left trap and left paracervical neck. Range of motion is limited exhibiting strength 4/5. The right shoulder exam is normal.

### 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:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 117-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, MRI

**Decision rationale:** As per CA MTUS/ACOEM guidelines, if physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (MRI for neural or other soft tissue). As per ODG, MRI is recommended for chronic neck pain (after 3 months conservative treatment), normal radiographs, with neurologic signs or symptoms present. In this case, this patient complains of pain in the left side neck and left shoulder associated with left hand numbness. There is documentation of trial and failure of conservative care including medications, physical therapy, and home exercises program. On physical exam, there was decreased sensation on the left C5 and C7 dermatomes. There was 4/5 triceps strength on left. There was full range of motion but painful. Empty Can and Tinel tests were positive. The request is for MRI of the cervical spine for suspected left C7 radiculopathy, carpal tunnel syndrome, brachial plexopathy. Thus, the medical necessity has been established.