

<b>Case Number:</b>	CM13-0056456		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/01/2002
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Orthopedic Surgery 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 claimant is a 69-year-old gentleman who sustained injuries to the neck and bilateral shoulders, in a work-related accident on May 1, 2002. The clinical records provided for review included an October 3, 2013 follow-up exam, noting continued complaints of neck pain and primary right shoulder pain. The examination showed restricted cervical range of motion, full strength, and an absent biceps and brachioradialis reflex on the right compared to the left. The shoulder examination demonstrated tenderness of the rotator cuff, with restricted range of motion at end points. The report of plain film radiographs documented severe degenerative findings at C5-6 and C6-7 and the report of right shoulder x-rays showed mild sclerosis at the insertion of the rotator cuff, but otherwise noted to be negative. Recommendation was made for MRI scans of both the neck and right shoulder for further clinical assessment. The records reviewed did not contain reports of prior MRI scans.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Cervical Spine QTY: 1.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165, 177-178.

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that in the absence of red flags, imaging and other tests are not usually helpful during the first four (4) weeks of neck and upper back symptoms. The Guidelines also indicate that the criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; and Clarification of the anatomy prior to an invasive procedure. The medical records document that the claimant has severe degenerative findings on plain film radiographs with recent physical examination showing significant neurologic findings in the form of reflexive changes. Given the claimant's acute neurologic findings on examination, a cervical MRI in this individual would be warranted for further diagnostic evaluation.

**MRI Right Shoulder QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196, 208-209.

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that the absence of red flags rules out the need for special studies, referral, or inpatient care during the first four to six (4-6) weeks, when spontaneous recovery is expected. The primary criteria for ordering imaging studies are: emergence of a red flag, such as indications of intra-abdominal or cardiac problems presenting as shoulder problems; physiologic evidence of tissue insult or neurovascular dysfunction, such as cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon; failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure, such as a full thickness rotator cuff tear not responding to conservative treatment. Imaging may be considered for a patient whose limitations due to consistent symptoms which have persisted for one (1) month or more; when surgery is being considered for a specific anatomic defect, such as a full-thickness rotator cuff tear; and to further evaluate the possibility of potentially serious pathology, such as a tumor. While the claimant presents with neck and shoulder complaint's the examination findings are more consistent with a radicular process than an acute shoulder process. The claimant's shoulder examination fails to demonstrate any degree of weakness or mechanical findings that would support the need of imaging. The specific request in this case would not be indicated.