

<b>Case Number:</b>	CM13-0057924		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	03/04/2008
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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, a 67-year-old female, sustained an injury to the neck and upper extremities on March 4, 2008. The records available for review include an October 2, 2103, progress report, which documented subjective complaints of cervical pain with shoulder complaints. Objective findings showed full cervical range of motion and diminished right shoulder motion to 135 degrees of active flexion and 85 degrees of external rotation. Neurologic findings were not documented. There was tenderness to palpation of the cervical spine and full motor strength to the shoulder and upper extremities. An October 11, 2013, MRI of the cervical spine report showed disc protrusions from Level C3-4 through Level C5-6 with no indication of acute compressive pathology. There was straightening of the cervical lordosis indicative of possible myospasm. The report of an October 11, 2013, MRI of the right shoulder showed evidence of partial distal supraspinatus tendon tearing, proximal bicep tendinosis and no other significant findings. The records contained no documentation of prior imaging. This retrospective request is for the October 2013 MRI scans.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Procedure Summary, MRI.

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

**Decision rationale:** Based on California ACOEM Guidelines, the October 2013 MRI scan of the cervical spine would not have been supported. The claimant's pre-scan clinical presentation did not include indication of an acute radicular process of the upper extremities. Absent acute motor sensory reflexive change, an MRI scan of the cervical spine is not medically necessary.

**MRI OF THE RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),TWC Shoulder Procedure Summary.

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

**Decision rationale:** According to California ACOEM Guidelines, the MRI scan of the shoulder also would not have been medically necessary. Prior to the scan being performed, the claimant's physical examination showed mildly restricted range of motion but no indication of weakness or mechanical findings that would have supported the need for imaging. In addition, the records available for review did not document conservative care for the shoulder injury. Based on the claimant's clinical presentation and absence of relevant physical findings or conservative care, this request is not medically necessary.