

<b>Case Number:</b>	CM14-0010832		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	12/31/2011
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Oklahoma, Texas, California, and Tennessee. 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 injured worker is a 42 year old female who sustained work related injuries on 12/31/11 when she was transferring an elderly female patient and developed immediate onset of pain and symptoms primarily in her neck, right shoulder, and right elbow. She had less severe soreness and pain in her mid back, and low back. The claimant was treated with oral medications and physical therapy. EMG/NCV dated 5/14/13 of the bilateral upper extremities revealed a mild acute C7 radiculopathy on the right. On physical examination dated 11/18/13 she had moderate to severe burning pain in her right shoulder radiating to her right elbow and into her right hand. She reported popping, clicking, and grinding sensations in the right shoulder, had muscle guarding and spasm of the cervical musculature, and Spurling's test was negative. The right shoulder range of motion was markedly reduced and she was noted to have tenderness to palpation of the right acromioclavicular joint. There was tenderness to palpation at the right biceps tendon. Drop arm, supraspinatus, Neer's, and Hawkins tests were positive on the right. Motor strength was grade 4/5 in all shoulder ranges of motion and the claimant was diagnosed with right shoulder subacromial impingement syndrome or possible rotator cuff tear. An MRI of the cervical spine on 5/23/12 noted multilevel degenerative changes with a 3mm posterior disc protrusion at C4-5. At C5-6 there was moderate degenerative change with 1.5mm posterior disc herniation. At C6-7 there was moderate degenerative disc disease with 3mm posterior disc protrusion. MRI of the right shoulder on 4/4/12 noted tenderness of the rotator cuff with 3-5mm rotator cuff tear in the mid portion. There was fluid in the biceps tendon sheath. There was fluid in the glenohumeral joint space.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MAGNETIC RESONANCE IMAGING (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 MTUS: ACOEM, CHAPTER 8: NECK AND UPPER BACK COMPLAINTS, 181-183

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

**Decision rationale:** Submitted clinical records indicate that the injured worker sustained multiple injuries as a result of transferring a patient on 12/31/11. The claimant has chronic cervical and right shoulder pain. The claimant previously underwent MRI of the cervical spine. The record provides no data to establish that there has been an exacerbation of cervical pathology or progressive neural compromise that would support the performance of repeat MRI of the cervical spine. As such, the request is not medically necessary.