MAXIMUS Federal Services

| Case Number: | CM14-0017882 | | |
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| Date Assigned: | 04/16/2014 | Date of Injury: | 02/08/2007 |
| Decision Date: | 06/03/2014 | UR Denial Date: | 01/14/2014 |
| Priority: | Standard | Application Received: | 02/12/2014 |

## 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 55 year old female who reported an injury on 02/08/2007; the mechanism of injury was not provided in the medical records. As per the clinical note dated 12/03/2013 the injured worker reported left shoulder, right arm, and elbow and wrist pain. The pain was noted to be constant, frequent and moderate in intensity. The injured worker rated pain 6/10- 7/10. The provider documented the pain was aggravated by reaching, doing exercises, leaning forward. Pain was relieved with rest and medication. The symptoms were unchanged since the injury. The exam of the cervical spine revealed full range of motion in all planes of the cervical spine. Examination of the right shoulder revealed forward flexion was 70 degrees, external rotation was 25 degrees, internal rotation was 30 degrees, and extension was 20 degrees. Left shoulder exam revealed flexion was 90 degrees, abduction was 100 degrees, external rotation was 40 degrees, and internal rotation was 45 degrees, extension was 25 degrees. The injured worker had a positive Hawkins on the right, a positive Yergason's test bilaterally and positive crossed arm adduction test on the left. The left elbow revealed full range of motion. There was a positive Tinel's sign. The injured worker had right shoulder arthroscopic rotator cuff repair and subacromial decompression two years prior followed by 12 visits of physical therapy. The injured worker was prescribed Terocin patch 4%. The request for authorization for the MRI cervical spine was not provided.

## 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; ACUTE CHRONIC NECK AND UPPER BACK COMPLAINTS.

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

**Decision rationale:** The request for MRI of the cervical spine is non-certified. The injured worker reported constant pain in the left shoulder, right arm, elbow and wrist. ACOEM recommends MRI or CT to evaluate red-flag diagnoses MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination finding, in preparation for invasive procedure. The Official Disability guidelines note MRI should be reserved for patients who have clear cut neurologic findings and those suspected of ligamentous instability. The guidelines recommend the use of MRI for evaluation for the injured worker with chronic neck pain, when plain radiographs show: spondylosis, neurologic signs or symptoms present, old trauma, or bone or disc margin destruction. MRI is recommended for injured workers with suspected cervical spine trauma when neck pain is present and clinical findings suggest ligamentous injury sprain, and radiographs and/or CT are "normal". The provider documented on the physical exam the injured worker had full range of motion of the cervical spine in all planes with no changes of symptoms since injury. The injured worker did not have significant neurological deficits noted on exam. There was a lack of documentation indicating the injured worker underwent a prior course of physical therapy. The requesting physician's rationale for the request was unclear. Therefore, the request does not meet the official disability guidelines and is non-certified.