

<b>Case Number:</b>	CM14-0030655		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/03/2013
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a 45 year old male who reported an injury to his left shoulder and neck from an injury dated 10/03/13. The clinical note dated 11/06/13 indicates the injured worker having a 2 year long history of neck and shoulder pain. The note indicates the injured worker had been digging 5 feet to find a water line resulting in left shoulder pain. The injured worker described the pain as a deep and uncomfortable sensation. The injured worker had been utilizing a muscle relaxant for ongoing pain relief. Radiating pain was identified from the left to the right shoulder and down the left arm. The injured worker reported an increase in pain at night resulting in poor sleep hygiene. The electrodiagnostic studies completed on 11/06/13 revealed no evidence of major neurogenic thoracic outlet syndrome. Moderate findings were consistent with carpal tunnel syndrome. The clinical note dated 12/17/13 indicates the injured worker complaining of left shoulder pain which is questionable for thoracic outlet syndrome. Previous electrodiagnostic studies revealed no information confirming this diagnosis. The injured worker had been recommended for physical therapy as well as the continued use of Ibuprofen at that time. Upon exam, moderate tenderness was identified throughout the cervical region. Moderate tenderness was also identified in the thoracic region. Trigger points were identified at the teres minor and infraspinatus with radiation of pain into both shoulders. The injured worker was able to demonstrate 35 degrees of left lateral flexion and 25 degrees of right flexion. All other findings were within normal limits in the cervical region. The injured worker was able to demonstrate 170 degrees of left shoulder flexion, 80 degrees of external rotation, 70 degrees of internal rotation, 170 degrees of abduction, and 40 degrees of adduction. The clinical note dated 10/04/13 indicates the injured worker complaining of left shoulder pain that was making falling asleep difficult. There is a past medical history involving a left shoulder surgery from 2011. The clinical note dated 02/20/14 indicates the injured worker having completed 1 physical

therapy session to date. The injured worker stated his activities of daily living are met. The injured worker was recommended to continue with completing a full course of therapeutic interventions. The clinical note dated 03/06/14 indicates the injured worker having completed a full course of physical therapy. The note indicates the injured worker having made some progress but still was not 100%. The injured worker was able to demonstrate full range of motion at the left shoulder with no pain. No tenderness was identified upon palpation. The injured worker demonstrated normal strength. There is an indication the injured worker demonstrated decreased sensation when the arm is above head. An x-ray of the cervical spine dated 03/18/14 revealed disc space narrowing and degeneration at C5-6 and C6-7. The clinical note dated 04/17/14 indicates the injured worker having continued subjective complaints of pain at the left shoulder. The note indicates the injured worker utilizing Norco for pain relief as well as Flexeril. The clinical note dated 05/01/14 indicates the injured worker continuing with left shoulder pain. The injured worker was recommended to continue with ongoing medication. The injured worker was also recommended for a pain management referral. The previous utilization review dated 02/20/14 resulted in a denial for an MRI of the neck and shoulder as the injured worker is undergoing conservative treatments with an improvement in the injured worker's functional capabilities. Therefore, imaging studies are not indicated for this injured worker. Additionally, no symptoms of the neck were provided in the submitted documentation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Magnetic Resonance Imaging (MRI) cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for an MRI of the cervical spine is not recommended. The documentation indicates the injured worker complaining of neck and left shoulder pain. An MRI of the cervical spine is indicated for injured workers who have continued with functional deficits following a full course of conservative therapy. There is an indication the injured worker has undergone a full course of physical therapy. However, no information was submitted regarding the injured worker's ongoing functional deficits associated with the cervical region. Given this factor, this request is not indicated as medically necessary.

**Magnetic Resonance Imaging (MRI) left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 207-209. Decision based on Non-MTUS Citation ODG, MRI, Shoulder.

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

**Decision rationale:** The request for an MRI of the left shoulder is not recommended. There is an indication the injured worker has a loss of sensation with overhead activities. However, the injured worker has completed a full course of physical therapy. It is unclear if the injured worker is continuing with a home exercise program to address the ongoing functional deficits. Additionally, it appears that this is the only functional deficit associated with the left shoulder. The injured worker is able to demonstrate essentially full range of motion with no strength deficits. Given the lack of functional deficits associated with the left shoulder, this request is not indicated as medically necessary.