

<b>Case Number:</b>	CM14-0033356		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/12/2011
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 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 36-year-old gentleman who injured his neck while performing repetitive job duties on August 12, 2011. The clinical records provided for review include electrodiagnostic studies of the upper extremities dated December 14, 2011 showing right median neuropathy consistent with carpal tunnel syndrome. The records also document that the claimant underwent right shoulder arthroscopy, repair of the anterior and posterior labrum, subacromial decompression, and debridement on June 6, 2012. The report of clinical assessment dated January 29, 2014 described ongoing right upper extremity pain and bilateral shoulder and hand pain. Physical examination showed restricted cervical range of motion, tenderness and hypertrophy of the right trapezius, and positive impingement, Neer and Hawkins testing but no documented neurologic findings, motor, sensory, or reflexive change. This review is for a cervical MRI to evaluate the claimant's ongoing chronic complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 MRI OF THE CERVICAL SPINE WITHOUT CONTRAST: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Magnetic Resonance imaging (MRI).

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

**Decision rationale:** California ACOEM Guidelines would not support the request for a cervical MRI. The medical records do not identify physical examination findings indicative of a compressive or neurologic process. The electrodiagnostic studies did not identify any evidence of radiculopathy. There is also no documentation to identify that there has been a significant change in the claimant's neurologic examination to warrant imaging evaluation. Therefore, the need of an MRI at this chronic stage in the claimant's course of care cannot be supported by the medical records provided for review. The request is not medically necessary.