

<b>Case Number:</b>	CM14-0057030		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/10/2009
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 49-year-old with a reported date of injury of 09/10/2009 that occurred when a forklift on the right side of the body stuck him. The patient has the diagnoses of cervical myalgia, cervical myospasm, right-sided cervical radiculitis, cervical sprain/strain, lumbar myalgia, lumbar myospasm, lumbar radiculitis, lumbar sprain/strain and bilaterally meniscal tears. The partial progress notes by the treating physician dated 03/19/2014 states the patient has constant, aching, burning pain rated a7/10 at rest and a 9/10 with activities. The physical exam noted cervical paravertebral tenderness to palpation with spasm, lumbar paravertebral tenderness to palpation with spasm and guarding. Treatment recommendations consisted of a request for cervical and lumbar spine MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Right Shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (Banchard, 1999) (Oh, 1999) (Dinnes, 2003) (Newberg, 2000) (Ardic, 2006) (Hambly, 2007) (Burbank, 2008) (Lehnert, 2010).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 195-210.

**Decision rationale:** Per the ACOEM section on shoulder complaints subsection on special studies and diagnostic and treatment considerations: For most patients with shoulder problems, special studies are not needed unless a four-six-week period of conservative care and observation fails to improve symptoms. Primary criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurovascular dysfunction, Failure to progress in a strengthening program intended to avoid surgery and Clarification of the anatomy prior to an invasive procedure. The patient per the progress reports does not have any red flags. The patient was unable to complete an EMG exam and no evidence of neurovascular compromise or tissue insult is present on provided physical exams. There is no mention of a strengthening program such as formal physical therapy or its outcomes and there is no mention of a pending invasive procedure. For these reasons the request is not medically necessary.