

<b>Case Number:</b>	CM14-0057317		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/28/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/11/2014
<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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Maryland. 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 has a history of a work injury occurring on 08/28/13 when a 7-10 pound rug fell on top of her head. There was no loss of consciousness. She had head and neck pain beginning 30 minutes afterwards and was seen in the Emergency Room and discharged. She was seen for a neurology evaluation on 12/18/13. She was having pain rated at 8/10 including neck and right shoulder pain with right arm numbness. She had been out of work since the injury. Physical examination findings included mild neck and right shoulder tenderness with normal neurological examination. She was placed at modified duty. On 01/15/14 he was having ongoing symptoms including radiating pain into the right arm. She had been unable to return to work due to pain. Nortriptyline was prescribed and she was referred for further evaluation. She was seen for an orthopedic evaluation on 03/17/14. She was having right shoulder and neck pain with right arm burning symptoms. She had not had prior physical therapy. Medications were atenolol, Lasix, and Motrin. Physical examination findings included cervical spine tenderness with decreased range of motion and positive right Spurling's test. MRI scans of the cervical spine and right shoulder were requested. She was referred for physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI cervical spine and right shoulder:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging (MRI) and the ODG, Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI).

**Decision rationale:** The claimant has a history of a work-related injury occurring more than one year ago. She has ongoing right shoulder and neck pain with right arm symptoms. The requesting provider documents that she has not participated in a course of physical therapy. Indications for obtaining an MRI of either the cervical spine or shoulder include the presence of "red flags" such as suspicion of cancer or infection and after failure of reasonable conservative measures including physical therapy. In this case, there are no identified "red flags" and a course of physical therapy was also requested. Therefore, MRI scans of the cervical spine and right shoulder were not medically necessary.

**Physical therapy 2 times per week for 3 weeks for the cervical spine and right shoulder:**  
Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chronic pain, Physical medicine treatment and the ODG, Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant has a history of a work-related injury occurring more than one year ago. She has ongoing right shoulder and neck pain with right arm symptoms. The requesting provider documents that she has not participated in a course of physical therapy. Guidelines recommend a six visit clinical trial with reassessment prior to continuing treatment. Therefore the requested physical therapy 2 times per week for three weeks was medically necessary.