

<b>Case Number:</b>	CM14-0200554		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	12/04/2013
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

This is a 55 year old female who suffered an industrial related injury on 12/4/13. A physician's report dated 5/9/14 noted the injured worker had complaints of neck and right upper extremity pain. The injured worker also had complaints of right shoulder and wrist pain with numbness and tingling in the index and middle finger of the right hand. A physician's report dated 11/7/14 noted physical examination findings of cervical spine tenderness and spasm over the paravertebral and trapezial musculature on the right. Flexion was noted to be 40 degrees and extension was 30 degrees. Right shoulder tenderness palpable over the biceps tendon was noted. Flexion was 140 degrees and Abduction was 90 degrees. Right wrist flexion and extension was 60 degrees and no tenderness was noted. The Tinel, Phalen, and Finkelstein tests were negative. Diagnoses included cervical spine musculoligamentous sprain with right upper extremity radiculopathy, right shoulder biceps tendonitis, and right wrist tendonitis with possible carpal tunnel syndrome. The physician recommended MRI studies of the cervical spine and right shoulder due to the injured worker's continued significant symptoms that require further evaluation to determine further treatment. Continued work with restrictions was recommended. On 11/7/14 the utilization review (UR) physician denied the request for MRI scans of the cervical spine and right shoulder. Regarding the MRI of the cervical spine the UR physician noted the request is not reasonable as there is no indication that there had been failure of conservative therapy or that there are red flags or that symptoms are severe or that there is progressive neurologic deficit. Regarding the MRI of the right shoulder the UR physician noted there was no new clinical information presented indicating that there has been failure to progress in a strengthening program intended to avoid surgery or clarification of the anatomy prior to an invasive procedure.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **MRI Cervical Spine:** 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- Neck & Upper Back: Magnetic resonance imaging (MRI)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** According to MTUS guidelines, MRI of the cervical spine is recommended if there is clinical or neurophysiological evidence of disc herniation or an anatomical defect and if there is failure of therapy trials. There is no clinical evidence of anatomical defect or nerve/root compromise in this case. Therefore, the request for an MRI of cervical spine is not medically necessary.

### **MRI Right Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder- Magnetic resonance imaging (MRI)

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

**Decision rationale:** According to MTUS guidelines, MRI of the shoulder is indicated in case of tumor, infection, ligament instability and rotator cuff injury. There is no clinical evidence or documentation of one of the above diagnosis. Therefore MRI of the right shoulder is not medically necessary.