

<b>Case Number:</b>	CM15-0148169		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	11/06/2012
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 40 year old male, who sustained an industrial injury on 11-6-12. The injured worker has complaints of right shoulder pain. The documentation noted on shoulder examination showed positive Hawkins and positive O'Brien. Cervical spine examination revealed positive spurlings with left lateral rotation and that the pain travels down the right arm. The diagnoses have included cervicgia; superior glenoid labrum lesion; rotator cuff and shoulder pain. Treatment to date has included physical therapy; injections; acupuncture; right shoulder X-rays showed post- operative changes, no arthritic degeneration, normal alignment; magnetic resonance imaging (MRI) of the right shoulder from May 2014 showed status post biceps tenodesis with tendon intact, unable to visualize entire supraspinatus tendon but parts of the tendon that is visible is intact, posterior-superior labral tear and medications. The request was for cervical spine magnetic resonance imaging (MRI).

### 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 Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. The criteria for special studies have not been met in this case. There is no evidence of nerve insult, emergence of a red flag, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The request for MRI cervical spine is not medically necessary.