

<b>Case Number:</b>	CM15-0166657		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	07/29/2014
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 45 year old male who sustained an industrial injury on 7-29-14 when he fell from a ladder injuring his right shoulder. The medical records submitted for this review did not include the details regarding the initial injury or prior treatments to date. Diagnoses include cervical strain, thoracic strain, and right shoulder strain, torn right shoulder subscapularis muscle with retraction and tendinitis, right shoulder. Currently, he complained of right shoulder pain. He reported pain where the needle for the MR arthrogram was inserted into the shoulder. Pain was rated 5-6 out of 10 VAS. On 7-29-15, the physical examination documented diminished sensation to right lateral shoulder, right thumb and fingers. He was noted to be wearing a shoulder sling, status post right shoulder arthrogram. The plan of care included a request to authorize a thoracic spine MRI. Per the note dated 7/29/15, the patient had complaints of pain in upper extremity, thoracic, right shoulder and cervical region. Physical examination revealed limited range of motion of the right shoulder and diminished sensation in right upper extremity. Other therapy done for this injury was not specified in the records provided. The medication list include Anaprox. Diagnostics include MR arthrogram right shoulder (7-27-15) showing tear of the superior labrum.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging) Thoracic spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 06/25/15), Magnetic resonance imaging (MRI).

**Decision rationale:** The Expert Reviewer's decision rationale: Request: MRI (magnetic resonance imaging) Thoracic spine. Per the ACOEM chapter 8 guidelines cited below "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three or four-week period of conservative care and observation fails to improve symptoms.

Most patients improve quickly, provided any red-flag conditions are ruled out." Per the ACOEM chapter 8 guidelines cited below recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, not recommended: Imaging before 4 to 6 weeks in absence of red flags." A recent detailed physical examination of the thoracic spine was not specified in the records provided. Patient does not have any severe or progressive neurological deficits that are specified in the records provided. Significant functional deficits on neurological examination that would require MRI of the Thoracic Spine was not specified in the records provided. The findings suggestive of tumor, infection, fracture, neurocompression, or other red flags were not specified in the records provided. A report of a recent thoracic spine plain radiograph was also not specified in the records provided. Details of PT or other type of therapy done since date of injury was not specified for this injury. Previous conservative visit notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Rationale for MRI of the Thoracic Spine was not specified in the records provided. A plan for an invasive procedure of the thoracic spine was not specified in the records provided. The request for MRI (magnetic resonance imaging) Thoracic spine is not medically necessary for this patient.