

<b>Case Number:</b>	CM15-0183717		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	11/22/2013
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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, North Carolina  
 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 46 year old male who sustained an industrial injury on November 22, 2013. Recent primary treating visit dated September 10, 2015 reported subjective complaint of: "continues with decline of range of motion." The plan of care is unchanged from previous visit. Primary treating office visit dated August 13, 2015 reported subjective complaint of "left shoulder pain", status post left shoulder surgery April 2015. Post-operative physical therapy left shoulder 10 sessions facilitates "diminished pain and improve range of motion." Medications include: Hydrocodone and Tramadol. Objective assessment noted: tenderness left and right shoulder; left shoulder range of motion: flexion 90 degrees, abduction 90 degrees; spasm of the cervical trapezius and deltoid musculature. The following diagnoses were applied to this visit: left shoulder impingement syndrome; rule out cervical radiculopathy and double crush syndrome, and cervical and thoracic myofascial pain. The plan of care noted involving: continuing with request for shockwave therapy to shoulder, continuing with request for post-operative physical therapy treating left shoulder, and request to undergo a magnetic resonance imaging of the cervical spine, and prescribed both Hydrocodone and Tramadol. Primary follow up dated June 25, 2015 reported objective assessment with: "no signs of infection left shoulder." "Left shoulder flexion 80 degrees, abduction 70 degrees, external rotation 40 degrees, internal rotation 40 degrees," "Swelling of the left shoulder," "Atrophy left deltoid musculature." On September 03, 2015 a request was made for magnetic resonance imaging of cervical spine which was non-certified by Utilization Review on September 14, 2015.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Cervical and Thoracic Spine Disorders, Diagnostic Investigations, MRI.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** In this case, the patient suffered a left shoulder injury, has had recent surgery and continues to complain of shoulder pain. There is no history of trauma to the neck. The request is for an MRI of the cervical spine. Within the medical records submitted for review, there is no indication of a neurologic deficit associated with the cervical spine. There has been no recent acute trauma to the neck. There is no evidence of possible tumor, infection, or fracture necessitating an MRI. The patient is not considering surgery of the neck. Therefore, base on the above findings, the request for an MRI of the neck is not medically necessary or appropriate.