

<b>Case Number:</b>	CM15-0208063		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	03/15/1997
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: New Jersey

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 50 year old male who sustained an industrial injury on March 15, 1997. The worker is being treated or: neck and bilateral shoulder pain. He has a history for cervical degenerative disc disease, right shoulder cuff tendinopathy. Subjective: June 27 2015 he reported "lots of stiffness to neck and constant pain." July 09, 2015 he reported complaints of "neck and right shoulder pain." Objective: June 27, 2015 noted cervical spine with hypomobility, limited range of motion due to soft tissue restriction and capsular restrictions. July 08, 2015 noted patient "limited with functional therapy goals due to pain and persisting pain." May 28, 2015 noted cervical examination benign; no pain with axial compression. July 09, 2015 noted mild tenderness to the right trapezius and no pain with axial compression testing. There is note of "mild discomfort with impingement." Medications: July 08, 2015: Ibuprofen, Vicodin. Diagnostics: MRI's performed 2014. Treatments: physical therapy treating neck, home exercise program, Cortisone injections. On September 23, 2015 a request was made for a repeat MRI of cervical spine that was noncertified by Utilization Review on September 29, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat MRI of the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The MTUS Guidelines state that special testing such as MRIs for most patients with shoulder problems are not needed unless a four to six-week period of conservative care and observation fails to improve symptoms and are not recommended earlier than this unless red flags are noted on history or examination that raise suspicion of a serious shoulder condition. Muscle strains do not warrant special testing. Even cases of impingement or muscle tears of the shoulder area should be treated conservatively first, and only when considering surgery would testing such as MRI be helpful or warranted. After the initial course of conservative treatment over the 4-6 week period after the injury, MRI may be considered to help clarify the diagnosis in order to change the plan for reconditioning. The criteria for MRI of the shoulder include 1. Emergence of a red flag (intra-abdominal or cardiac problems presenting as shoulder problems), 2. physiologic evidence of tissue insult or neurovascular dysfunction such as cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis, or Raynaud's phenomenon, 3. Failure to progress in a strengthening program intended to avoid surgery, and 4. Clarification of the anatomy prior to an invasive procedure such as in the case of a full thickness tears not responding to conservative treatment. In this case, the worker, there is record of a right shoulder MRI from 2/10/2014, which showed a partial tear. The provider commented in the progress note that a repeat image of the right shoulder was indicated due to the image being "quite old" and due to the worker subjectively stating symptoms had worsened since this image was taken. However, the note also states no change in symptoms, suggesting this was gradual over this time period. Also, in previous records it appeared that physical therapy helped his symptoms significantly. There was no evidence from recent notes that unsupervised exercises were being performed regularly to help his symptoms. Also, there was no significant signs from physical examination from recent visits to suggest any red flag diagnoses to justify repeat imaging. Therefore, due to lack of full effort with conservative care and no clear and obvious change in symptoms or physical signs, this request for repeat right shoulder MRI will be regarded as medically unnecessary at this time.

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering MRI of the cervical spine includes: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid

surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. In this case, the worker, there is record of a cervical MRI from 2/6/2014, which showed only mild disc desiccation without disc herniation. The provider commented in the progress note that a repeat image of the right shoulder was indicated due to the image being "quite old" and due to the worker subjectively stating symptoms had worsened since this image was taken. However, the note also states no change in symptoms, suggesting this was gradual over this period. Also, in previous records it appeared that physical therapy helped his symptoms significantly. There was no evidence from recent notes that unsupervised exercises were being performed regularly to help his symptoms. Also, there was no significant signs from physical examination from recent visits to suggest any red flag diagnoses to justify repeat imaging. Therefore, due to lack of full effort with conservative care and no clear and obvious change in symptoms or physical signs, this request for repeat cervical MRI will be regarded as medically unnecessary at this time.