

<b>Case Number:</b>	CM15-0021248		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	09/06/2011
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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: Arizona, 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 69 year old female who sustained a work related injury on September 6, 2011, where she tripped and fell and sustained injuries to her mouth, face, knees, ankles, right shoulder, back, head, neck arms and hands. She incurred fractured teeth. She was diagnosed with Temporomandibular Joint (TMJ) resulting from facial injuries. Treatment included multiple dental visits and procedures. A prior EMG on 2/24/14 indicated bilateral carpal tunnel syndrome. An undated progress note indicated the claimant had cervical spine spasms and reduced range of motion of the shoulders. No cervical radicular findings were mentioned. In November 2014, the injured worker complained of persistent multiple orthopedic problems with pain. On February 11, 2015, a request for a Magnetic Resonance Imaging (MRI) of the cervical spine and an Ultrasound of the left shoulder was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule.

### 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 without dye:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. The claimant's peripheral symptoms were consistent with carpal tunnel and the neck symptoms were consistent with sprain and spasms. The request for an MRI of the cervical spine is not medically necessary.

**Ultrasound of the left shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ultrasound, Diagnostic

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation ODG and shoulder pain and ultrasound

**Decision rationale:** According to the ODG guidelines, an ultrasound of the shoulder may be able to be used for diagnosing partial tears of the rotator cuff. In addition, the ACOEM guidelines state that it is not recommended for diagnosing rotator cuff tears. As noted with the ODG clinical examination is effective in such diagnoses. In this case, there was no indication for a tear. The request for the ultrasound is not medically necessary.