

Case Number:	CM15-0221856		
Date Assigned:	11/17/2015	Date of Injury:	09/24/2014
Decision Date:	12/30/2015	UR Denial Date:	10/31/2015
Priority:	Standard	Application Received:	11/11/2015

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: 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 39 year old male, who sustained an industrial injury on 9-24-2014. The injured worker was being treated for right scapulargia, initial right shoulder sprain and internal impingement, initial right superior labral tear from anterior to posterior lesion, initial right glenoid labrum tear, and right shoulder joint pain. The injured worker (8-27-2015, 9-17-2015, and 10-16-2015) reported ongoing right shoulder pain and limitations. The physical exam (8-27-2015, 9-17-2015) revealed tenderness to palpation of the anterior and posterior right shoulder, full range of motion, and positive right Hawkin's impingement. The physical exam (10-16-2015) revealed tenderness of the cervical paraspinals, right and upper trapezius, and right levator scapulae. The treating physician noted full cervical range of motion, normal muscle strength of the bilateral upper extremities, and within normal limits sensation of the bilateral lower extremities. The treating physician noted tenderness to palpation of the anterior and posterior right shoulder and limited range of motion. The MR arthrogram of the right shoulder (9-18-2015) stated there were postoperative changes and fraying-degeneration about the labrum without recent discrete tear, a mild rotator cuff tendinopathy, and small foci of debris and-or synovial proliferation within the axillary pouch. Surgeries to date have included a right shoulder arthroscopy with labral repair in 2009 and a right shoulder arthroscopy with removal of prominent sutures on 1-14-2015. Treatment has included postoperative physical therapy, acupuncture, work and home modifications, a glenohumeral steroid injection, and medications including muscle relaxant and pain. Per the treating physician (10-16-2015 report), the injured worker remains on modified work status. On 10-16-2015, the requested treatments included an

MRI of the cervical spine. An October 16, 2015 report noted negative Spurling's bilaterally, 5/5 motor strength in the upper extremities, normal sensation in the bilateral limbs and normal reflexes bilaterally. On 10-31-2015, the original utilization review non-certified a request for an MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the MTUS guidelines, criteria for ordering an MRI of the cervical spine include emergence of a red flag, physiologic evidence of tissue insult or nerve impairment, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. In this case, an October 16, 2015 report noted negative Spurling's bilaterally, 5/5 motor strength in the upper extremities, normal sensation in the bilateral limbs and normal reflexes bilaterally. The medical records do not establish clinical signs consistent with a focal neurologic deficit in a dermatomal or myotomal pattern to cause concern for cervical radiculopathy. Without evidence of cervical nerve root compromise or other red flag findings, proceeding with a cervical spine MRI is not indicated. The request for MRI of cervical spine is not medically necessary and appropriate.