

<b>Case Number:</b>	CM14-0116103		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	11/05/2010
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 48-year-old male who reported an injury on 11/05/2010. The mechanism of injury was lifting. The injured worker's diagnoses included a left shoulder adhesive capsulitis; status post left shoulder rotator cuff repair, left shoulder pain, and possibility of cervical radiculopathy. The injured worker's past treatments included medications, physical therapy, and a TENS unit which he reported helped for pain. The injured worker's diagnostic testing included an MRI of the left shoulder with contrast done on 12/20/2013, which was noted to show tear with retraction of the long head of the biceps tendon. There was moderate tendinopathy throughout the supraspinatus and infraspinatus tendons, and partial thickness tearing of the subscapularis tendon noted. The injured worker's surgical history included a left shoulder arthroscopy debridement of synovitis in the subacromial space, and debridement of the biceps stump on 08/18/2011. On 05/14/2014, the injured worker complained of persistent left shoulder and neck pain. He reported his shoulder pain was an 8/10 radiating to the left upper extremity. Upon physical examination, the injured worker was noted to have tenderness to the anterior aspect of the left shoulder, and left shoulder abduction and forward flexion were 70 degrees. His strength was noted as 4-/5 in the left shoulder abduction and forward flexion. There was dysesthesia noted to light touch in the left upper extremity. The injured worker's medications were not provided. The treatment plan was to request authorization for an MRI of the cervical spine to rule out underlying gross abnormality in view of persistent pain and weakness in the left upper extremity. The Request for Authorization form was signed and submitted on 06/26/2014.

### 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:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The request for MRI of the cervical spine is not medically necessary. The California MTUS/ACOEM Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. The injured worker did report left shoulder and neck pain radiating to the left upper extremity, however, the symptoms were not new findings. The injured worker was noted to have been doing physical therapy, but the number of visits and physical therapy notes were not provided for review. The physical examination did note dysesthesia to light touch in the left upper extremity and motor strength of 4-/5 in the left shoulder abduction and forward flexion. However, in the absence of documentation with evidence of the number of completed physical therapy visits and the documentation to show that it was failed conservative therapy as well as significant objective neurological deficits, the request is not supported at this time. Therefore, the request is not medically necessary.