

<b>Case Number:</b>	CM14-0132626		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	06/29/2011
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Physical Medicine & Rehabilitation, and is licensed to practice in California. 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:

This 55 year-old patient sustained an injury on 8/19/09 while employed by [REDACTED]. Request(s) under consideration include MRI of the cervical spine and MR (magnetic resonance imaging) Arthrogram of the Left Shoulder. Diagnoses include shoulder bursae and tendon disorders s/p shoulder arthroscopic SAD and Mumford procedure in March 2014. Conservative care has included medications, therapy, and modified activities/rest. Report of 1/20/14 from the provider noted the patient with chronic neck, bilateral upper extremities, and lower back pain. Exam showed cervical spine with tenderness of spinous process at C4-7; paravertebral spasm and trapezius spasm; restricted range; upper extremity with tenderness of right shoulder; limited range of abduction/ IR of 100/ 20 degrees; positive impingement sign; left shoulder with tenderness at AC joint, subacromial bursa and limited range of abd/IR of 90/15 degrees with positive impingement; lumbar spine with tenderness and spasm; limited flex/ext of 40/10 degrees. Diagnoses included cervical spine musculoligamentous strain; cervical multilevel DDD; right shoulder impingement; medial and lateral bilateral epicondylitis; possible CTS; and lumbar radiculopathy/ strain. Treatment included corticosteroid injections for bilateral shoulders with request for surgical intervention. Report of 6/3/14 noted patient s/p left shoulder arthroscopic surgery post 10 weeks with improvement. Diagnoses had s/p left shoulder arthroscopic surgery with gradual improvement and right shoulder impingement syndrome with calcific tendinitis. Corticosteroid injection was provided for right shoulder. Report of 7/15/14 from the provider noted patient with chronic ongoing neck and shoulder symptoms; arm pain has diminished; however, still with some degree of difficulty lifting her arm and removing her shirt. Exam showed shoulder range limited with abduction of 150 degrees; cervical spine stiffness with tenderness. The request(s) for MRI of the cervical spine and MR (magnetic resonance imaging)

Arthrogram of the Left Shoulder non-certified on 7/25/14 citing guidelines criteria and lack of medical necessity.

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

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

**MRI CS (of the cervical spine): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute. LLC: Corpus Christi, TX: www.odg-twc.com: Section: Neck and Upper Back (Acute & Chronic) (updated 05/30/2014)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171-171, 177-179.

**Decision rationale:** Submitted reports have not shown any clinical findings of radiculopathy or neurological deficits consistent with any dermatomal distribution of radiculopathy or myelopathy. Per MTUS Treatment Guidelines, criteria for ordering imaging studies are, red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms are persistent; however, none are demonstrated here. Clinical report does not demonstrate such criteria and without clear specific evidence to support the diagnostic study. The MRI of the cervical spine is not medically necessary and appropriate.

**MR (magnetic resonance imaging) Arthrogram 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 Official Disability Guidelines; Work Loss Data Institute. LLC: Corpus Christi, TX: www.odg-twc.com: Section: Shoulder (Acute & Chronic) (updated 04/25/2014)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

**Decision rationale:** The patient is s/p left shoulder arthroscopic surgery in March 2014 with noted gradual improvement. The employee is without new physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support imaging request. Guidelines state routine MRI or arthrography is not recommended without surgical indication such as clinical findings of recurrent rotator cuff tear. It may be supported for patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning; however, this has not been demonstrated with lack of neurological deficits and

improved clinical findings. Criteria for ordering imaging studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MR (magnetic resonance imaging) Arthrogram of the Left Shoulder is not medically necessary and appropriate.