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| <b>Case Number:</b>   | CM14-0148144 |                              |            |
| <b>Date Assigned:</b> | 09/18/2014   | <b>Date of Injury:</b>       | 09/13/2009 |
| <b>Decision Date:</b> | 10/24/2014   | <b>UR Denial Date:</b>       | 08/28/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/11/2014 |

### 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 and 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:

The injured worker is a 52-year-old male with a reported date of injury of 09/13/2009. The mechanism of injury was a motor vehicle accident. The injured worker's diagnoses included left AC joint separation, thoracic outlet syndrome (left upper extremity), status post left 1st rib resection, status post left shoulder arthroscopy, and cervical spine sprain/strain. The injured worker's past treatments included pain medication, physical therapy, and surgical intervention. There were no relevant diagnostic imaging studies submitted for review. The surgical history included a left shoulder arthroscopy on 08/10/2010 and left 1st rib resection on 05/31/2012. The subjective complaints included right sided neck pain with headaches, occasional, with right temporal occipital region; sharp pain that intermittently radiated to the right shoulder; and numbness in the right hand and right ring finger. The physical examination findings of the left shoulder noted pain at the left collar bone that radiated down the entire left upper extremity, constant throbbing and aching, cold temperature of the left upper extremity, decreased range of motion, and weakness. Symptoms were made worse by the arm hanging down and he had difficulty with normal posture of the left upper extremity. The physical examination of the right shoulder noted superolateral sharp pain and symptoms were made worse by abducting the shoulder. The injured worker's medications were not provided for review. The treatment plan was to obtain an MRI of the right shoulder and the cervical spine. A request was received for 1 MRI of the right shoulder and 1 MRI of the cervical spine. The rationale for the MRI of the cervical spine was to rule out disc injury and the rationale for the MRI of the right shoulder was to rule out rotator cuff injury versus SLAP injury. The Request for Authorization form was not provided within the records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-9.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 207-209.

**Decision rationale:** The California MTUS/ACOEM Guidelines state that special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red flag conditions are ruled out. The injured worker had pain in the right shoulder that was made worse by abducting. However, there was no note of when the symptoms started. Additionally, there was no note of what conservative methods had been tried and failed in regard to the injured worker's right shoulder. In the absence of 4 to 6 weeks of conservative care, and in the absence of red flags in the physical examination, the request is not supported by the guidelines. As such, the request is not medically necessary.

**1 MRI of the cervical spine:** Upheld

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

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

**Decision rationale:** The California MTUS/ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. The injured worker had chronic neck pain. The physical examination noted degenerative cervical spondylitis disease of the cervical spine. There was a lack of evidence of when the symptoms started, if conservative care had been attempted, and any treatments that have failed. In the absence of a 3 to 4 week period of conservative care, and in the absence of any red flags in the physical examination, the request does not meet the evidence based guidelines. As such, the request is not medically necessary.