

<b>Case Number:</b>	CM14-0098264		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	12/08/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 34-year-old female with an injury date of 12/08/2012. Based on the 05/21/2014 progress report, the patient complains of having continued pain, which she rates as a 3/10 to 6/10. Any overhead activities increases pain, and she also has a burning sensation, numbness, and tingling in her right arm. "When she grabs or picks objects, she has shooting pain going up into the shoulder." With abduction and elevation of the arm, she does have a mild tenderness along the lateral aspect of the upper arm. The 04/23/2014 report indicates the patient also has pain in her right shoulder, right elbow, and wrist. In regards to the right elbow, the patient has some mild tenderness to palpation along the medial epicondyle. On 03/12/2014, the patient had a right shoulder arthroscopy with subacromial decompression. The patient's diagnoses include the following: 1.Right shoulder impingement syndrome, status post decompression.2.Possible cervical radiculopathy. The utilization review determination being challenged is dated 06/09/2014. Treatment reports are provided from 01/15/2014-05/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging Cervical:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 177-9 and 182. Decision based on Non-MTUS Citation Official Disability Guidelines -Neck and Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303.

**Decision rationale:** Based on the 05/21/2014 progress report, the patient complains of having burning, numbness, and tingling in her right arm as well as shooting pain going up into her shoulders. The request is for a magnetic resonance imaging of the cervical spine. There is no indication if the patient previously had a magnetic resonance imaging (MRI) of the cervical spine. The American College of Occupational and Environmental Medicine (ACOEM) Guidelines states the following: "Unequivocal objective findings that identify specific nerve compromise in the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The 05/21/2014 report states, "At present time, I am unsure why this patient continues to have significant tenderness in the shoulder. It may be related to the cervical spine." The treater would like an MRI in an attempt to find out why the patient is having right arm pain and shooting pain into her shoulders, neurologic symptoms. Treatment is medically necessary and appropriate.