

<b>Case Number:</b>	CM15-0117409		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	12/04/2014
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 40 year old female who sustained an industrial injury on 12/04/2014. Mechanism of injury occurred when she was assisting a client who leaned backwards and she strained her neck and right shoulder to keep him from falling. Then in January of 2015 a second incident occurred trying to prevent a client from falling from his wheelchair and she felt pain in the right deltoid and right shoulder. She has pain in the neck and posterior right shoulder, and pain and numbness down her right arm. Diagnoses include probable right rotator cuff tear, impingement syndrome of the left shoulder, cervical strain and bilateral hand numbness. Treatment to date has included diagnostic studies, medications, and 6 sessions of physical therapy. Her medications include Flexeril, Vicodin and Ibuprofen. She continues to work modified duty. A physician progress note dated 06/02/2015 documents the injured worker has pain in her right shoulder and cervical spine. She complains of a tearing sensation in her right shoulder and stiffness in the cervical pain. She also complains of numbness in her right hand. On examination she has some restricted range of motion in her neck and shoulder. She has pain in the neck with vertical cervical compression, and a negative Spurling's. She is tender over the biceps and the humeral head. A physician progress noted dated 04/01/2015 documents the cervical spine is tender down to the right trapezium. The right shoulder is very locally tender in the subacromial space with a positive impingement. Treatment requested is for MRI (magnetic resonance imaging) cervical spine, and MRI (magnetic resonance imaging) right shoulder. A progress report dated February 9, 2015 shows reduced sensation in the thumb and index fingers bilaterally with reduced strength upon left wrist extension. The patient's shoulder examination is

normal. A progress report dated April 1, 2015 shows tenderness over the subacromial space with positive impingement. The treatment recommends a possible cortisone injection and chiropractic care in addition to MRI of the cervical spine and right shoulder. Notes indicate that the patient underwent physical therapy with no benefit. X-rays of the neck and shoulder were nondiagnostic.

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

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

#### **MRI (magnetic resonance imaging) Cervical spine: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, MRI.

**Decision rationale:** Regarding the request for cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. Within the documentation available for review, there is identification of at least 3 months of conservative treatment with ongoing subjective complaints and objective findings. Additionally, there are findings of radiculopathy in both upper extremities including sensory loss and weakness. Consideration is being given to invasive treatment such as a CESI. As such, the requested cervical MRI is medically necessary.

#### **MRI (magnetic resonance imaging) Right Shoulder: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic resonance imaging (MRI).

**Decision rationale:** Regarding the request for MRI of the shoulder, Occupational Medicine Practice Guidelines state that more specialized imaging studies are not recommended during the 1st month to 6 weeks of activity limitation due to shoulder symptoms except when a red flag is noted on history or examination. Cases of impingement syndrome are managed the same whether or not radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Guidelines go on to recommend imaging studies for physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. ODG recommends MRI of the shoulder for subacute shoulder pain with suspicion of instability/labral tear or following acute shoulder trauma with suspicion of rotator

cuff tear/impingement with normal plain film radiographs. Within the documentation available for review, there is identification of at least 3 months of conservative treatment with ongoing subjective complaints and objective findings. Additionally, there is tenderness to palpation over the subacromial bursa as well as positive impingement findings. Consideration is being given to invasive treatment such as a cortisone injection. Finally, plain film radiographs have been nondiagnostic. As such, the currently requested shoulder MRI is medically necessary.