MAXIMUS Federal Services

Case Number:	CM13-0028761		
Date Assigned:	12/27/2013	Date of Injury:	10/17/2012
Decision Date:	06/30/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/25/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 44 year old female with a reported date of injury on October 17, 2012. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with ongoing and severe pain in her neck and right shoulder. On physical examination, the injured worker presented with limited range of motion of the cervical spine. The physician noted that there was no tenderness to palpation over the anterior and posterior cervical triangles. The injured worker's right shoulder range of motion revealed forward flexion to 160 degrees, abduction to 160 degrees and external rotation to 70 degrees as well as internal rotation to 30 degrees. In addition, the injured worker presented with positive impingement and abduction signs. The MRI of the right shoulder dated October 1, 2013, revealed evidence of rotator cuff tendinitis and bicep tendonitis. Within the clinical note dated October 21, 2013, the physician indicated that the injured worker participated in physical therapy and chiropractic care, the results of which were not provided within the documentation available for review. The physician also noted that the injured worker's pain is generally localized in the right shoulder. The injured worker's diagnoses included chronic cervicobrachial syndrome, right shoulder tendonitis, right shoulder SLAP lesion, and lateral epicondylitis. The injured worker's medication regimen included Norco and Flexeril. The Request for Authorization of the MRI of the cervical spine was submitted on September 23, 2013. The rationale for the request indicated that the injured worker should undergo an MRI scan of her neck to visualize her cervical spine and to determine if there is a lesion that would predictably improve with surgical treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the California MTUS/ACOEM Guidelines, if physiological evidence indicates tissue insult or nerve impairment, consider the selection of imaging tests to define a potential cause. Additional studies may be considered to further define problem areas. According to the clinical documentation provided for review, the injured worker's pain is mostly related to the right shoulder. The MRI dated October 1, 2013 revealed moderate biceps tendinosis and rotator cuff tendinosis and a superior labral tear. The rationale for the request was that the injured worker should undergo an MRI scan of her neck to visualize her cervical spine and to determine if there is a lesion that would predictably improve with surgical treatment. The rationale for the possible lesion is unclear. The documentation provided for review lacks objective clinical findings of functional deficits related to the neck and possible lesion. The request is not medically necessary.