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| Case Number: | CM13-0030656 | | |
| Date Assigned: | 11/27/2013 | Date of Injury: | 01/09/2011 |
| Decision Date: | 01/23/2014 | UR Denial Date: | 09/23/2013 |
| Priority: | Standard | Application Received: | 09/30/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, has a subspecialty in Primary Medicine 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 physician 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 male claimant sustained a work injury on 1/9/11 that resulted in shoulder pain and knee pain while pulling a luggage cart. A progress note on 11/2012 indicated he had a previous MRI that showed a small thickness rotator cuff tear, AC joint arthritis and acromial spur. He had a diagnosis at the time of right shoulder impingement. On 11/30/12 he had arthroscopy, rotator cuff repair, and subacromial decompression of the right shoulder. On June 12, 2013 his shoulder was found on examination to have mild to moderate impingement findings. A cortisone injection was given and provided pain relief. His injury was deemed permanent and stationary. On 8/20/13, he complained of left shoulder pain, his exam showed a Spurling's sign, tenderness over the biceps and a well-preserved acromioplasty on x-ray. An MRI was ordered of the cervical spine and left shoulder due to prolonged symptoms and untreated area.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-173.

Decision rationale: In this case, the claimant has nerve root findings - positive Spurling's maneuver and biceps tenderness. These findings are new and not addressed during prior surgeries. According to the MTUS guidelines this is considered a red flag and an indication for imaging. The MRI is appropriate and medically necessary.