

Case Number:	CM13-0034008		
Date Assigned:	12/06/2013	Date of Injury:	06/01/2012
Decision Date:	03/05/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/11/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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:

The patient is a 49-year-old female who reported a work related injury on 06/01/2012, specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses: cervical spine/sprain/strain, right shoulder sprain/strain, right elbow sprain/strain, right hand wrist sprain/strain. Clinical note dated 09/09/2013 reports the patient was seen under the care of [REDACTED]. Provider recommended MRIs of the cervical spine, right shoulder, right elbow, physical therapy and medications for the patient. The provider documented upon physical exam of the cervical spine flexion was at 45 degrees, extension 50 degrees, right and left lateral bending 30 degrees with plus 2 spasms to the upper trapezius bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI diagnostic test for the cervical spine and right shoulder: 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, Chapter 9 Shoulder Complaints Page(s): 178,208.

Decision rationale: The clinical documentation submitted for review fails to evidence the patient's specific course of treatment status post work related injury sustained in 06/2012 as far

as imaging studies. In addition, the clinical notes did not indicate any significant red flag findings such as any motor, neurological or sensory deficits to support further imaging of the patient's right shoulder, cervical spine, or right elbow. The most recent clinical submitted prior to the request for the multiple imaging was dated 09/06/2013 and did not reveal physical exam findings at the right shoulder or right elbow. ACOEM Guidelines indicate that when the neurological examination is less clear further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. In addition, with lack of emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction failure to progress in a strengthening program intended to avoid surgery and lack of documentation of clarification of anatomy prior to an invasive surgery the request for any imaging at this point in the patient's treatment is not supported. Given all the above, the request for MRI is not medically necessary and appropriate.