

Case Number:	CM13-0046080		
Date Assigned:	04/25/2014	Date of Injury:	09/15/2006
Decision Date:	06/12/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/12/2013

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 Anesthesiology, has a subspecialty in Acupuncture and Pain 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 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 47 year old male injured worker with date of injury 9/15/06. Per 1/28/14 progress report, "On examination, his right shoulder has 160 degrees of forward flexion, abduction, externally rotates to 90 degrees, internally rotates to 60 degrees and extends 50 degrees. There are positive impingement signs. There is no weakness of the supraspinatus or external rotators. Negative belly-press. There is pain with compression and Spurling's. Good radial pulses. Motors are intact." MRI of the left shoulder dated 9/10/12 revealed severe tenodesis of the intraarticular portion of the longhead of the biceps tendon, superior labral anterior - posterior tear, blunting of the anterior labrum, tenodesis of the supra and infraspinatus tendons without evidence of rotator cuff tear. He is status post right shoulder arthroscopy, acromioplasty, resection of coracoacromial ligaments of deltoids bursa and rotator cuff repair 6/16/11; and arthroscopic debridement of glenohumeral joint, open biceps tenodesis, left shoulder 12/27/12. He has been treated with physical therapy and medication management. The date of UR decision was 10/29/13.

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 W/O CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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

Decision rationale: ACOEM guidelines support ordering of imaging studies for emergence of red flags, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. A review of the submitted documentation revealed insufficient clinical information to support neurologic dysfunction or specific nerve compromise which is necessary to affirm medical necessity. The request is not medically necessary.