

Case Number:	CM13-0049723		
Date Assigned:	12/27/2013	Date of Injury:	08/09/2013
Decision Date:	03/11/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/08/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 59-year-old female who reported an injury on 08/09/2013. The patient is currently diagnosed with myofascial pain syndrome, cervical radiculopathy, cervical spondylosis, joint pain in the shoulder, fracture of the forearm, depressive disorder, and temporomandibular joint (TMJ) syndrome. The patient was seen by [REDACTED] on 10/17/2013. The patient reported persistent pain in the right upper extremity, left knee, upper back, and right jaw. Physical examination revealed normal gait, 5/5 motor strength with the exception of finger flexion and abduction, tenderness to palpation in the cervical facet joints, limited elevation of the right shoulder, significant guarding, hypoesthesia over the palmar aspect of the right forearm, and positive drop arm test. Treatment recommendations included an MRI of the right shoulder and cervical spine, a corticosteroid injection into the right shoulder, acupuncture treatment, physical therapy, and a referral to [REDACTED]

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right shoulder and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 177-179, 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter

Decision rationale: California MTUS/ACOEM Practice Guidelines state, if physiologic evidence indicates tissue insult or nerve impairment, there should be consideration with a consultant regarding the next steps, including the selection of an imaging test to define a potential cause, including MRI for neural or other soft tissue abnormality. For most patients with shoulder problems, special studies are not needed until a 4 week to 6 week period of conservative care and observation fails to improve symptoms. As per the documentation submitted, the patient's physical examination on the requesting date of 10/17/2013 only revealed tenderness to palpation with limited elevation of the right shoulder. There was no documentation of a significant musculoskeletal or neurological deficit with regard to the cervical spine. There is also no documentation of a recent failure to respond to conservative treatment. There was no indication of any significant or severe positive objective findings or any specific red flag findings that would support the need for an MRI. Based on the clinical information received, the request is non-certified.

Corticosteroid injection to the right shoulder with ultrasound guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Steroid Injection

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of a local anesthetic and a corticosteroid preparation may be indicated after conservative therapy for 2 weeks to 3 weeks. As per the documentation submitted, there was no evidence of painful elevation that significantly limited the patient's activities. There was also no documentation of a recent failure to respond to strengthening exercises and/or nonsteroidal anti-inflammatory medication. Based on the clinical information received, the request is non-certified.

Visit to psychiatrist Dr James Weiss: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92, Chronic Pain Treatment Guidelines Page(s): 100-101.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the patient's physical examination revealed normal mood and affect on the requesting date of 10/17/2013. There is also no documentation of a failure to respond to conservative measures prior to the request for a specialty consultation. It is unclear how the patient's visit to a psychiatrist at this point would be helpful in the overall treatment plan. Based on the clinical information received, the request is non-certified.