

Case Number:	CM13-0050743		
Date Assigned:	12/27/2013	Date of Injury:	02/08/2012
Decision Date:	07/23/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/13/2013

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 Geriatrics and is licensed to practice in New York. 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 38 year old man with a date of injury of 2/8/12. He was see by his physician on 10/7/13 with complaints of neck, low back and head pain which was increased since last visit. He noted dizziness, anxiety, confusion, abnormal gait and muscle spasms with poor sleep. His headaches were fairly constant with left sided neck and shoulder pain. His medications included Tizanidine, Vicodin, Topamax, Fioricet, Gabapentin, Keppra and escitalopram. His physical exam showed an 'awkward' gait but he did not use an assistive device. He had normal tone, muscle strength and reflexes. He was tender to palpation along the supraspinatus, upper trapezius and AC joint as well as long the nuchal ridge and bilateral greater occipital nerves. His diagnoses were cervical pain, post-concussion syndrome, myalgia and myositis and cervical facet syndrome. At issue in this review is the request for an MR arthrogram of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN MR ARTHROGRAM OF THE LEFT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines (2008), Chapter 9, 561-563.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 195-224.

Decision rationale: The request in this injured worker with chronic cervical pain is for a MRI of the left shoulder. The records document a physical exam with tenderness to palpation along the supraspinatus, upper trapezius and AC joint positive but no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects such as a rotator cuff tear and may be utilized in preparation for an invasive procedure. In the absence of physical exam evidence of red flags, a MRI of the right shoulder is not medically substantiated in the records.