

Case Number:	CM13-0057283		
Date Assigned:	12/30/2013	Date of Injury:	08/31/2011
Decision Date:	12/17/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/25/2013

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 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 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:

Medical records reflect the claimant is a 43 year old who sustained a work injury on 8-31-11. On this date the claimant injured her left arm while changing a patient. The claimant has been treated with physical therapy. She had been placed on permanent and stationary status. Office visit on 10-11-13 notes the claimant had an evaluation for her left shoulder impingement syndrome and it was felt she was not a surgical candidate but was felt her pain came from the neck. The claimant presented with left shoulder pain and some left trapezial pain. On exam, the claimant had findings consistent with impingement syndrome on the left. The cm had full range of motion at the neck with mild left trapezial pain. There was a recommendation for MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient MRI of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Cervical spine chapter - diagnostic investigations - MRI.

Decision rationale: ACOEM notes that an MRI is moderately recommended for patients with subacute or chronic radicular pain syndromes lasting at least 4 to 6 weeks in whom the symptoms are not trending towards improvement if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression. Medical records reflect this claimant has left shoulder pain, full range of motion. No neurological deficits on exam documented. There is an absence in documentation to suspect the claimant has a nerve root compression. Therefore, the medical necessity of this request is not established.