

Case Number:	CM13-0057707		
Date Assigned:	03/14/2014	Date of Injury:	10/02/2003
Decision Date:	05/23/2014	UR Denial Date:	11/15/2013
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:

The injured worker is a 51-year-old female who reported an injury on 10/02/2003. The mechanism of injury was not provided. Documentation of 09/10/2013 revealed a physical examination which included tenderness over the acromioclavicular joint bilaterally and a positive Spurling's test. The cervical axial traction reduced pain in the neck and upper extremities. The diagnosis included bilateral shoulder pain rule out internal derangement. Discussion and treatment plan included diagnostic studies of the cervical spine in both shoulders which were recommended and were not completed. Documentation of 11/12/2013 revealed a physical examination of bilateral shoulders with tenderness over the acromioclavicular and the posterior rotator cuff muscle group. The injured worker had decreased range of motion with tenderness. Deep tendon reflexes were +2/4 on the biceps, triceps, and brachioradialis. The pulses were +2/4 and the grip strength was 3/5. The objective examination of the cervical spine revealed tenderness over the C5-C6 and C6-C7 bilaterally. The injured worker had decreased range of motion. The documentation indicated because of the chronicity and the failure to progress, the recommendation was for an MRI of the cervical spine and bilateral shoulders. The MRIs of the shoulders were being requested to rule out rotator cuff pathology, possible impingement, and possible internal derangement of the shoulder joints to rule out possible labral tear, bicipital tendon pathology, glenohumeral chondral pathology, and acromioclavicular pathology. The MRI of the cervical spine was being requested to evaluate possible degenerative disc disease, protrusions, herniations, nerve root impingements and the ligamentous alignment of the spine. The physician opined due to the injured worker's physical examination, clinical, and objective findings, an MRI scan was indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: ACOEM Guidelines indicate the primary criteria for ordering imaging studies are physiologic evidence of tissue insult or neurovascular dysfunction, including shoulder pain, weakness from a massive rotator cuff tear, and the failure to progress in a strengthening program intended to avoid surgery, as well as clarification of anatomy prior to an invasive procedure. Clinical documentation submitted for review indicated the injured worker had decreased range of motion with deep tendon reflexes of +2/4 and grip strength of 3/5. There was a lack of documentation of the prior studies as the injury was reported in 2003. There was lack of documentation of prior objective physical examinations to support the injured worker had a change in status or to support the injured worker had a change from prior findings. The earliest documentation submitted for review was dated 09/10/2013. Given the above, the request for an MRI of the right shoulder is not medically necessary.

MRI OF THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: ACOEM Guidelines indicate the primary criteria for ordering imaging studies are physiologic evidence of tissue insult or neurovascular dysfunction, including shoulder pain, weakness from a massive rotator cuff tear, and the failure to progress in a strengthening program intended to avoid surgery, as well as clarification of anatomy prior to an invasive procedure. Clinical documentation submitted for review indicated the injured worker had decreased range of motion with deep tendon reflexes of +2/4 and grip strength of 3/5. There was a lack of documentation of the prior studies as the injury was reported in 2003. There was lack of documentation of prior objective physical examinations to support the injured worker had a change in status or to support the injured worker had a change from prior findings. The earliest documentation submitted for review was dated 09/10/2013. Given the above, the request for an MRI of the left shoulder is not medically necessary.

MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 172. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC) - Shoulder Procedure

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 117-119.

Decision rationale: ACOEM guidelines indicate that for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. The criteria for ordering imaging studies are include the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery or for clarification of the anatomy prior to an invasive procedure. The clinical documentation submitted for review failed to provide objective findings of neurologic dysfunction or tissue insult. There was a lack of documentation indicating prior studies and the results of prior studies as well as conservative care that was utilized. Given the above, the request for an MRI of the cervical spine is not medically necessary.