

Case Number:	CM13-0058054		
Date Assigned:	03/03/2014	Date of Injury:	07/23/2005
Decision Date:	09/03/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	11/26/2013

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, has a subspecialty in Interventional Spine 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 54-year-old female with an injury date of 07/23/2005. According to the 10/17/2013 progress report, the patient complains of chronic cervical spine pain and bilateral shoulder pain. She rates her pain as a 9/10 and upon examination of the cervical spine, she has spasm, pain, and a decreased range of motion. There is also facet tenderness and radiculopathy bilaterally at C5-C6 level. Upon examination of the right shoulder, the patient has a positive impingement sign as well as a painful range of motion bilaterally. She also has tenderness to palpation over the AC joint. The patient's diagnoses include the following: 1. Cervical diskogenic disease. 2. Chronic cervical spine sprain/strain. 3. Bilateral shoulder impingement syndrome, right greater than left. 4. Status post left shoulder surgery x1. 5. Right ulnar numbness. The request is for an MRI of the right shoulder. The utilization review determination being challenged is dated 11/22/2013. Treatment reports were provided from 06/13/2013 - 10/13/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI RIGHT SHOULDER: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG SHOULDER CHAPTER.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, MRI shoulder as well as the MTUS American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, 2nd Edition, (2004), MRI: Chapter 9, page 207-208 and on the Non-MTUS Official Disability Guidelines (ODG) ODG-TWC guidelines has the following: (<http://www.odg-twc.com/odgtwc/shoulder.htm#Protocol>).

Decision rationale: According to the 10/17/2013 report, the patient presents with chronic cervical spine pain and bilateral shoulder pain. The request is for an MRI of the right shoulder. The 10/17/2013 report states that "MRI over 1 year old. Right shoulder updated MRI. Pending surgery to right shoulder." ACOEM states that MRI should be authorized if there is an "emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction." However, ACOEM may apply to acute/subacute situations. For chronic pain, ODG Guidelines support MRI of the shoulder, internal derangement such as rotator cuff/labral tears are suspected. In this case, the patient is pending surgery to the right shoulder and the treater needs an updated MRI. ACOEM supports an MRI for anatomic clarification prior to surgery. Recommendation is for authorization.