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| Case Number: | CM13-0058521 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 10/09/2013 |
| Decision Date: | 04/29/2014 | UR Denial Date: | 11/13/2013 |
| Priority: | Standard | Application Received: | 11/27/2013 |

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 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:

This 41 year-old male sustained a head injury when a beam hit his head on 10/9/13 while employed by [REDACTED]. Requests under consideration include 1 MRI RIGHT SHOULDER and 1 MRI CERVICAL. Doctor's first report at [REDACTED] dated 10/10/13 from another provider noted patient stating while a co-worker was walking carrying a beam on a 15 foot scaffold, the wood board broke and the patient reached out to help him from falling and the beam hit his forehead. Exam noted normal vitals, no distress. The forehead laceration received Steri strip (no suture) with X-rays negative. Diagnosis of right shoulder sprain/strain. Treatment included sling, rest, and Motrin. The patient was placed off work for one day 10/10/13 to resume modified activity on 10/11/13 to 10/17/13. Report from the provider noted patient with complaints of headaches, neck pain rated at 8/10 and shoulder pain was 10/10. Exam found extreme weakness on the right and pain on range of motion with left rotation of 30/90 and right rotation was 20/90; extension and flexion were 20 and 45; rest of note was illegible. Diagnoses included shoulder pain; headaches, traumatic brain injury; cognitive deficits; right shoulder contusion, post-traumatic stress disorder; and bicipital tendonitis. Treatment requests included MRI of the right shoulder, MRI of the cervical spine, and CT scan of the brain. Report of 2/3/14 from the provider noted patient a good therapy candidate. Exam of the cervical spine and right shoulder had normal gross assessment with improved functional range shoulder flex/ext of 126/144 and ER of 45 degrees without any neurological deficits. Treatment was for physical therapy for diagnoses of cervicgia and shoulder joint pain. The CT scan was certified; however, the MRIs were non-certified on 11/13/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

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

Decision rationale: Guidelines state routine MRI or arthrography is not recommended without surgical indication such as clinical findings of rotator cuff tear. It may be supported for patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning; however, this has not been demonstrated. Criteria for ordering imaging studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The 1 MRI RIGHT SHOULDER is not medically necessary and appropriate.

1 MRI CERVICAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171, 177-179.

Decision rationale: Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI of the Cervical spine nor document any specific clinical findings to support this imaging study as the patient is without neurological deficits. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the cervical spine is not medically necessary and appropriate.

