

Case Number:	CM14-0005875		
Date Assigned:	01/29/2014	Date of Injury:	11/05/2012
Decision Date:	06/19/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/15/2014

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 56-year-old female with a date of injury of 11/05/2012. The listed diagnoses are: Neck pain, bilateral shoulder and wrist pain, cervical discopathy, and rule out internal derangement of bilateral shoulders. According to the 10/31/2013 progress report by the physician, the patient presents for an evaluation due to persistent neck, bilateral shoulder, and wrist pain. Examination of the cervical spine revealed tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. Axial loading compression test and Spurling's maneuver were positive. There was painful and restricted cervical range of motion. There was dysesthesias at the C6 and C7 dermatomes. Examination of the bilateral shoulders revealed tenderness at the shoulder anteriorly. There was positive impingement and Hawkins sign. The request is for MRI of the left shoulder and MRI of the right shoulder. Utilization review denied the request on 12/23/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LEFT SHOULDER: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

Decision rationale: This patient presents with persistent neck, bilateral shoulder, and wrist pain. The treater is requesting a left shoulder MRI to rule out internal derangement of the shoulder. The patient has been treated with physical therapy and medication and continues with bilateral shoulder complaints. ACOEM Guidelines has the following regarding shoulder MRIs, page 207 to 208, "Routine testing, laboratory test, plain film radiographs of the shoulder, and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain." Given that the patient has not had prior MRI, an MRI of the shoulder is appropriate due to suspicion of internal derangement such as rotator cuff pathology. Recommendation is for approval.

MRI RIGHT SHOULDER: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

Decision rationale: This patient presents with persistent neck, bilateral shoulder, and wrist pain. The treater is requesting an MRI of the right shoulder to rule out internal derangement of the shoulder. The patient has been treated with physical therapy and medication and continues with bilateral shoulder complaints. ACOEM Guidelines has the following regarding shoulder MRIs, page 207 to 208, "Routine testing, laboratory test, plain film radiographs of the shoulder, and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain." Given that the patient has not had prior MRI, an MRI of the shoulder is appropriate due to suspicion of internal derangement such as rotator cuff pathology. Recommendation is for approval.