

Case Number:	CM14-0006030		
Date Assigned:	03/03/2014	Date of Injury:	04/11/2004
Decision Date:	06/30/2014	UR Denial Date:	12/21/2013
Priority:	Standard	Application Received:	01/13/2014

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 Orthopedic Surgery 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 41 year old female with an industrial injury from 4/11/04. The patient is being treated for chronic neck, right shoulder and low back pain. An exam note from 12/2/13 demonstrates the patient with severe pain in right shoulder, neck and arm. Objective findings demonstrate normal motor, sensory and deep tendon reflexes. Diagnoses include chronic pain syndrome, degenerative cervical intervertebral disc, pain in shoulder region, and lesion ulnar nerve. There is a report from the treating provider of possible thoracic outlet syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 REFERRAL TO A SURGEON WITHIN [REDACTED] MEDICAL PROVIDER NETWORK (MPN): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211-212 and 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201.

Decision rationale: According to the ACOEM guidelines, thoracic outlet syndrome has signs of scalene tenderness with positive Tinel's over brachial plexus and postivie maneuvers provoking

neurovascular signs and symptoms. In this case, the exam note from 12/2/13 demonstrates no evidence of thoracic outlet to warrant a surgeon referral. Therefore, the requested referral to a surgeon is not medically necessary or appropriate.

1 MELISA AND SERUM TITANIUM (TIS) BLOOD TESTS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: A search of California MTUS, ACOEM guidelines, ODG and National Clearinghouse Guidelines do not demonstrate any evidence of any guidelines or scientific evidence to support the use of MELISA and serum titanium (TIS) blood tests. There is no evidence in the records of titanium exposure to warrant this type of testing. Therefore, the requested blood tests are not medically necessary or appropriate.

1 CERVICAL MAGNETIC RESONANCE IMAGING (MRI) WITHOUT CONTRAST: Upheld

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

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

Decision rationale: According to the ACOEM guidelines regarding special studies, MRIs are the recommended imaging for evidence of tissue insult or neurologic dysfunction. In this case, the records submitted for review show no evidence of neurologic dysfunction or deficit to warrant MRI imaging. Therefore, the requested thoracic MRI is not medically necessary or appropriate.

1 THORACIC MAGNETIC RESONANCE IMAGING (MRI) WITHOUT CONTRAST: Upheld

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

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

Decision rationale: According to the ACOEM guidelines regarding special studies, MRIs are the recommended imaging for evidence of tissue insult or neurologic dysfunction. In this case, the records submitted for review show no evidence of neurologic dysfunction or deficit to

warrant MRI imaging. Therefore, the requested thoracic MRI is not medically necessary or appropriate.

1 RIGHT SHOULDER MAGNETIC RESONANCE IMAGING (MRI) WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: According to the ACOEM guidelines regarding imaging of the shoulder, the primary criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurovascular dysfunction; Failure to progress in a strengthening program intended to avoid surgery; and Clarification of the anatomy prior to an invasive procedure. In this case, based on the records submitted for review there is insufficient evidence to support the guidelines for MRI of the shoulder. There is no evidence of neurologic dysfunction or deficit to warrant MRI imaging. Therefore, the requested right shoulder MRI is not medically necessary or appropriate.