

Case Number:	CM14-0007098		
Date Assigned:	02/07/2014	Date of Injury:	05/20/2012
Decision Date:	07/31/2014	UR Denial Date:	12/20/2013
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 Occupational Medicine 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 is a 37-year-old male patient with a 5/20/12 date of injury. He injured himself when he was moving large metal prep. He turned his head to the right and heard a crackling noise in between his neck and shoulder. An 11/19/13 progress report indicated that the patient was 10 months status post C6-7 anterior cervical fusion, and his condition was half as bad as prior to surgery. The pain on the neck and on the arm was 6/10. There was constant left shoulder spasm. Physical exam revealed decreased range of motion in the left shoulder. He was diagnosed with status post C6-7 discectomy 1/16/13, left shoulder bursitis. Treatment to date: physical therapy, and medication management. There is documentation of a previous 12/20/13 adverse determination. The rationale for the denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LT shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines July 2012.

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

Decision rationale: CA MTUS criteria for imaging 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; or clarification of the anatomy prior to an invasive procedure. In addition, ODG criteria for shoulder MRI include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on MRI. In this case, there was no documentation supporting objective imaging diagnostic study available to evaluate the patient's post-operative condition. However, the patient is still in pain and there was documentation of decreased range of motion in the left shoulder. This patient continues to have persistent pain and functional deficits in the post-operative setting. Therefore, the request for MRI LT shoulder was medically necessary.