

Case Number:	CM14-0101455		
Date Assigned:	07/30/2014	Date of Injury:	11/13/2013
Decision Date:	10/01/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/01/2014

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:

The injured worker is a female with date of injury of 11/30/2013. Per initial evaluation and report and request for authorization dated 6/11/2014, the injured worker complains of moderate to severe pain in thoracic spine, lumbal spine, right shoulder, right wrist, and right hand. She also complains of fibromyalgia with constant severe pain. On examination there was +4 spasm and tenderness to the bilateral paraspinal muscles from T1 to T8. Active range of motion of the thoracic spine was painful in all planes. There was +4 spasm and tenderness to the bilateral lumbar paraspinal muscles from L1 to S1 and multifidus. Lumbar range of motion was painful in all planes. Kemp's test was positive bilaterally. Straight leg raise test was positive on the right. Yeoman's was positive bilaterally. Braggard's was positive on the right. The right Achilles reflex was decreased. Lumbar dermatomes were equal bilaterally to light touch. Lumbar myotomes were within normal limits bilaterally. Shoulder inspection and palpation revealed +4 spasm and tenderness to the right rotator cuff muscles and right upper shoulder muscles. Shoulder examination revealed +4 spasm and tenderness to the right rotator cuff muscles and right upper shoulder muscles. Right shoulder range of motion was reduced and painful with flexion limited to 75 degrees and abduction limited to 50 degrees. Codman's test was positive on the right. Speed's test was positive on the right. Supraspinatus test was positive on the right. There was +3 spasm and tenderness to the right anterior wrist and right posterior extensor tendons. Right wrist range of motion was reduced and painful in all planes. Bracelet test was positive on the right. Fomeni's was positive on the right. Diagnoses include 1) lumbar disc displacement with myelopathy 2) sciatica 3) thoracic disc displacement without myelopathy 4) partial tear of rotator cuff tendon of the right shoulder 5) carpal sprain/strain of the right wrist 6) obesity 7) diabetes II without complications 8) fibromyalgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 3D Right Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-MRI (Magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-203, 207-209, 214. Decision based on Non-MTUS Citation Routine 3D Magnetic Resonance Imaging of Joints, Journal of Magnetic Resonance Imaging. 2011

Decision rationale: The MTUS Guidelines recommend MRI of the shoulder for preoperative evaluation of partial thickness or large full thickness rotator cuff tears. Arthrography is an option for preoperative evaluation of small full thickness tears or labral tears. The MTUS Guidelines do not recommend MRI for shoulder impingement resulting from chronic rotator cuff degenerative changes or exacerbations from repeated overhead work. Routine MRI or arthrography for evaluation without surgical indications is not recommended. The injured worker has a recent traumatic injury with significant complaints and examination findings indicative of a rotator cuff injury. The claims administrator reports that an MRI is needed, but not a 3D MRI. MRI technology is continuing to develop, and the use of 3D MRI of the joints is becoming more common and provides advantages over 2D sequences. The request for MRI 3D Right Shoulder is determined to be medically necessary.