

Case Number:	CM14-0104756		
Date Assigned:	07/30/2014	Date of Injury:	02/04/2013
Decision Date:	08/29/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/07/2014

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:

According to the submitted records, this is a 64-year-old man injured on 6/4/13. He sustained a fracture of the left clavicle and has had treatment with a left shoulder arthroscopy on 2/26/14 as well as physical therapy. There has been a bone scan on 5/17/2013 showing abnormal uptake of the distal left clavicle. Reportedly on 5/5/14 patient complained of numbness and tingling in the hands and neck pain rated 8/10. He was referred to another physician to evaluate the neck and arm complaints. A 5/27/14 report noted neck pain with bilateral radiating arm pain objective findings did not mention any focal neurologic deficits and an MRI was requested of the neck. None of the submitted documents prior to 5/5/14 mention any complaints of neck pain or arm numbness and tingling. There is no mention of any conservative treatment directed at the neck. There is no mention of any concern that the patient might be a surgical candidate. There is no mention of any plain radiographs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Magnet Resonance Image without contrast QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: According to the available documentation, the complaints related to the neck and arms, other than the left collarbone and shoulder, at the time of the request were acute, less than 2 months old. There is no mention of any red flags, no progressive neurologic deficits, no surgical plan and no mention of any conservative treatment radiographs. Given this clinical presentation, ACOEM does not support MRI imaging. Therefore based upon the evidence and guidelines is not considered to be medically necessary.