

Case Number:	CM14-0107369		
Date Assigned:	09/16/2014	Date of Injury:	04/11/2012
Decision Date:	12/31/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/10/2014

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 Family 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 59 year old male who sustained an injury on 4/11/2012. The current diagnoses include status post left shoulder arthroscopy (2012), cervicothoracic spine strain with disc protrusion, history of lumbar spine strain, history of right shoulder strain, rule out internal derangement, both knees, and tendinitis left shoulder, elbow and wrist. Per the doctor's note dated 06/02/2014, he had complaints of low back pain at 7/10 with radiation to the legs and numbness in the lower extremities with prolonged walking, left shoulder pain at 8/10, neck pain at 8/10 that radiates to left arm, right shoulder pain at 6/10, right knee pain at 7/10 and left knee pain at 8/10, left elbow pain at 5/10, right hand/wrist pain at 7/10, and left wrist/hand pain at 9/10 with numbness and tingling and improved abdominal pain. Physical examination revealed cervical spine- muscle guarding/spasm, paraspinal tenderness, painful range of motion (ROM); shoulder tenderness, painful range of motion (ROM) and positive impingement sign on the right; tenderness to palpation in the left elbow and wrist/hand. The medications list includes Ultram, Prilosec and Naproxen. He has undergone left shoulder arthroscopy and injection to the left knee. He had a magnetic resonance imaging (MRI) of the cervical spine dated 4/9/13 which revealed 3-4mm disc protrusion at C4-C5 with left paracentral cord compression, 4.5mm disc protrusion at C5-C6, 6mm disc protrusion and very large left facet joint osteophyte formation (1.2cm) directed anteriorly with left paracentral cord compression, very severe left spinal and neural foraminal stenosis; thoracic spine MRI dated 4/9/13 which revealed 3-4mm disc protrusion at T6-7, T7-T8 impressing upon the anterior left greater than right portion of the thecal sac with extension to the left lateral recess, mild spinal & neural foraminal stenosis, 3-3.5mm disc protrusion at T11-T12 with mild to moderate spinal and neural foraminal stenosis; and left shoulder MRI dated 04/09/2013 which revealed post-operative changes and bursitis. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Section: Shoulder (Acute & Chronic) Updated 4/25/2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder (updated 10/31/14), Magnetic resonance imaging (MRI)

Decision rationale: ACOEM does not address this request. Per the Official Disability Guidelines cited below, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." Per the records provided patient has had left shoulder MRI dated 04/09/2013 which revealed post-operative changes and bursitis. Any significant change in the patient's condition since these diagnostic studies that would require a repeat shoulder MRI are not specified in the records provided. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. Previous conservative therapy visit notes are not specified in the records provided. A recent x-ray report of the left shoulder was not specified in the records provided. The medical necessity of MRI of the left shoulder is not established for this patient at this juncture. Therefore, this request is not medically necessary.