

Case Number:	CM14-0016693		
Date Assigned:	04/11/2014	Date of Injury:	10/01/2010
Decision Date:	07/28/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/10/2014

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 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 34 year-old male who has reported multifocal pain and mental illness after an injury on 10/01/2010. Painful areas include the neck, shoulder, arm and leg. His diagnoses include cervical disc displacement without myelopathy, left C5 radiculopathy, right shoulder pain, lumbar disc displacement; L5 left radiculopathy, and adjustment disorder with depressed mood. The injured worker has had multiple electrodiagnostic studies, orthodox and unorthodox, beginning in 2011. Findings have varied, and have included a right C5 radiculopathy, bilateral C7 radiculopathies, and multiple peripheral neuropathies. Cervical MRI showed multilevel spondylosis, with reports of nerve root impingement at multiple levels. The treatment has included chiropractic care, medications, right shoulder injection, cervical spine injections, numerous visits of physical therapy, and prolonged disability. None of the available reports prior to 2014 provide a clear account of shoulder injury, treatment, and need for any specific treatment or tests. Per the Utilization Review report of 1/29/14, the injured worker was evaluated by a chiropractor on 1/21/14. The relevant findings included neck and shoulder pain, right C5 radiculopathy, impingement signs, and positive apprehension sign. The diagnoses were right upper extremity radiculopathy vs plexopathy. The treatment plan included acupuncture, right shoulder MRI, cervical MRI, lumbar MRI, and upper extremities electrodiagnostic testing. On 2/25/14, the same treating DC noted ongoing neck, back, and shoulder pain. The same physical findings were present. The treatment plan included physical therapy, pain management referral, and temporarily totally disabled work status. On 1/29/14 Utilization Review non-certified a right shoulder MRI, noting that the MRI was prescribed by a chiropractor at the first visit, that the chiropractor had no prior medical records, that there was no discussion of prior treatment, that there was no discussion of the indications for the test, and that there was no discussion of how

the test might change the treatment plan. The California MTUS and the Official Disability Guidelines were cited in support of the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG Shoulder Chapter, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200, 208-209 & 214.

Decision rationale: The ACOEM Guidelines, Pages 207-209, discuss the criteria for imaging of the shoulder. Special studies are not needed unless there has been a 4-6 week period of conservative care. Exceptions to this rule include the specific bony pathology listed on page 207, and neurovascular compression. The necessary components of the shoulder exam are not present, see page 200 of the ACOEM Guidelines. The available reports do not adequately explain the kinds of conservative care already performed. The treating physician has not provided sufficient evidence in support of likely intra-articular pathology or the other conditions listed in the California MTUS. The MRI is not medically necessary based on the California MTUS recommendations.