

Case Number:	CM14-0018634		
Date Assigned:	04/18/2014	Date of Injury:	05/07/2011
Decision Date:	07/02/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/13/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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 patient is a 56 year old female who was injured on 05/07/2011. Mechanism of injury is unknown. Prior treatment history has included the patient undergoing arthroscopy of the right shoulder with subacromial decompression including anterior acromioplasty, resection of coracoacromial ligament, subdeltoid bursectomy and subacromial bursectomy as well as arthroscopic glenohumeral joint synovectomy. The patient's medications include: Prilosec 20mg and Medrox 120 gm. PR-2 dated 10/14/2013 documented the patient has completed 12 sessions of therapy. She is 10 weeks post op visit for right shoulder arthroscopic decompression. She reports thoracic spine, right wrist or right knee pain depending on activity. PR-2 dated 12/23/2013 documented the patient with complaints of right shoulder pain rated 2/10 at rest. She also reports occasional neck 6/10 pain that is aggravated by prolonged movements and activities, low back pain 5/10 radiating down left leg, left shoulder pain 5/10 that is aggravated more with prolonged activities and movements. She reports mid back, right wrist or right knee pain depending on activities. Objective findings on exam of the thoracic spine revealed muscle spasm along the lower thoracic paraspinal musculature. Examination of the lumbar spine revealed spasm present along the upper lumbar paraspinal musculature with decreased sensation to light touch at the L5 dermatome. Bilateral knee inspection revealed effusion at the right knee. Diagnoses: Thoracolumbar spine strain with possible lumbar radiculopathy. Treatment/Plan: Requesting authorization for MRI of the lumbar spine due to ongoing pain. UR dated 02/04/2014 denied the request for MRI of the thoracic spine because there are no unexplained examination findings documented in the upper extremities that would require MRI scans of the neck and thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI ON THE THORACIC WITHOUT CONTRAST: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: This is a request for thoracic spine MRI without contrast for an employee injured on 5/7/11 from a fall to the right knee and right shoulder. According to the California MTUS guidelines, "when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The ODG guidelines recommend thoracic spine MRI for history of trauma with neurologic deficit, myelopathy, or red flag condition. There is no history of thoracic spine trauma or neurologic deficit. There are no symptoms or signs of myelopathy, cancer, infection, or other red flag condition. I do not find documentation of a thoracic spine x-ray. With regard to the thoracic spine, there is only report of mid back pain with lower thoracic muscle spasm on examination. Medical necessity is not established.