MAXIMUS Federal Services

Case Number:	CM14-0019995		
Date Assigned:	04/28/2014	Date of Injury:	05/07/2011
Decision Date:	07/07/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/18/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 57-year-old female who sustained an injury to her right shoulder on 05/07/11 after a trip and fall. A diagnostic evaluation with an MRI in 2011 revealed a right shoulder subscapularis partial thickness tear. The injured worker never returned to work, as restrictions cannot be accommodated. Treatment to date has included formal physical therapy, treatment with medications and a right shoulder arthroscopy subacromial decompression performed in July 2013 followed by postoperative physical therapy. A follow-up note dated 12/03/13 reported that there was mild residual right shoulder pain and mechanical neck pain. There was no detailed neurological evaluation documented. An MRI was requested to evaluate the entire cervical spine axis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE CERVICAL SPINE W/O CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Non-MTUS Official Disability Guidelines (ODG); Neck And Upper Back Chapter, Magnetic Resonance Imaging (MRI).

Decision rationale: The request for MRI cervical spine without contrast is not medically necessary. The previous request was denied on the basis that there were no unexplained examination findings documented in the upper extremities that would require MRI scans of the neck and thoracic spine. There was no additional supporting information that would indicate any focal neurological deficits, decreased motor strength, increased sensory or reflects deficits. There was no mention that a surgical intervention was anticipated. There were no additional 'red flags' identified that would warrant a repeat MRI of the cervical spine. Given the clinical documentation submitted for review, medical necessity of the request for MRI of the cervical spine without contrast has not been established.