

Case Number:	CM14-0139823		
Date Assigned:	09/08/2014	Date of Injury:	09/29/2010
Decision Date:	11/03/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	08/28/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 43-year-old gentleman who was reportedly injured on September 29, 2010. The mechanism of injury is stated to be a fall of 5 feet off some scaffolding. The most recent progress note, dated August 19, 2014, indicates that there were ongoing complaints of left and right shoulder pain. The physical examination demonstrated decreased left shoulder range of motion with 160 of forward flexion and 100 of abduction. There was tenderness over the thoracic spine with spasms and decreased range of motion. Diagnostic imaging studies of the shoulder dated April 18, 2014, indicates postoperative changes consistent with a labral repair without any obvious return. A MRI of the lumbar spine, dated July 28, 2014, indicates a disc bulge at L5 - S1 with mild stenosis. Previous treatment includes a left shoulder labral repair and rotator cuff repair x 2 and acupuncture. A request was made for an MRI of the thoracic spine and an examination with [REDACTED] to review the MRI arthrogram of the left shoulder that was not certified in the pre-authorization process on August 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Thoracic Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, MRI, Updated August 4, 2014.

Decision rationale: According to the Official Disability Guidelines, the criteria for an MRI of the thoracic spine includes a finding of upper back trauma with a neurological deficit. The progress note indicates a previous MRI have been completed noting minimal ordinary disease of life degenerative changes. The progress note reported a painful left shoulder, a history of shoulder surgery with a revision procedure, and minimal residual symptomology in the thoracic spine and lumbar spine. Furthermore, this progress note does not indicate that there are any neurological deficits related to the thoracic spine, demonstrating no progressive neurologic deficit, no significant trauma, or any other abnormalities. As such, this request for an MRI of the thoracic spine does not meet the criterion noted in the MTUS based on the physical examination reported. The medical necessity is not established. Therefore, the request is not medically necessary.

Re Exam with [REDACTED] to Review MR Arthrogram Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Office Visits, Updated August 27, 2014.

Decision rationale: An MRI is considered a pre-surgical study. Despite having had a recent completed MRI arthrogram (April 18, 2014) on the injured worker's left shoulder, the injured employee stated on August 5, 2014 that he is not interested in any additional surgery for a shoulder. Considering that the previous MRI arthrogram noted the postoperative changes, a type I acromion and no specific acute pathology, there is no justification for a follow-up in review of this MRI. As such, this request for a re-examination with [REDACTED] to review an MRI arthrogram of the left shoulder is not medically necessary.