

Case Number:	CM14-0159253		
Date Assigned:	10/02/2014	Date of Injury:	08/17/2011
Decision Date:	12/10/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/29/2014

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 Orthopaedic Surgery 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 46-year-old female sustained an industrial injury on 8/17/11. Injury occurred while working as a footwear coordinator and lifting large freight boxes of shoes weighing about 50 pounds from a dolly to a work bench. Past medical history was positive for diabetes and hypertension. Initial conservative treatment included x-rays, MRIs, and medications, injections to shoulders, immobilization, and physical therapy. The patient subsequently underwent left shoulder arthroscopic surgery in May 2013. An increase in right shoulder symptoms secondary to compensation for the left shoulder was noted in March 2014. There was no documentation of conservative treatment but for activity modification. The 8/11/14 cervical x-rays revealed moderate disc space narrowing at C4/5, mild disc space narrowing at C5/6, and anterior osteophytes at C4/5 and C5/6. The 8/12/14 utilization review denied the request for cervical spine MRI as there was no specific radicular distribution of symptoms and no attempted conservative treatment for the neck. Bilateral shoulder MRIs were denied as there was no clinical indication to repeat the left shoulder MRI, no plain films of either shoulder, and no attempt at conservative treatment for the shoulders. The 8/29/14 initial orthopedic evaluation report cited constant neck pain and stiffness radiating down the arms with numbness and tingling in the hands, daily headaches, and constant bilateral shoulder pain and stiffness. Cervical exam documented paraspinal tenderness and spasms, mild to moderate loss of cervical range of motion, and negative neural compression signs. Bilateral shoulder exam documented tenderness over the proximal humerus region with positive impingement test. Left/right shoulder range of motion was documented as abduction 137/153, flexion 148/157, internal rotation 56/62, external rotation 64/66, extension 26/32, and adduction 19/24 degrees. There was weakness in flexion and abduction bilaterally. Sensation was decreased in the C5, C6, and C7 nerve roots bilaterally. Deep tendon reflexes were normal and symmetrical. The diagnosis was cervical spine

sprain/strain with possible internal derangement, clinical bilateral upper extremity radiculopathy, bilateral shoulder sprain/strain with possible internal derangement, and status post left shoulder sprain/strain with possible internal derangement. The treatment plan recommended physical therapy, medications, and topical ointments. Authorization was requested for cervical and bilateral shoulder MRIs to rule-out any internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 182.

Decision rationale: The California MTUS guidelines provide criteria for ordering cervical spine MRIs that includes emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure in a strengthening program intended to avoid surgery, or clarification of anatomy prior to an invasive procedure. Guideline criteria have not been fully met. Radiographs documented disc space narrowing and osteophytes at C4/5 and C5/6 with sensory deficits noted over the C5-C7 dermatomes. There are no clinical exam findings suggestive of red flags or clear radicular pain pattern. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

MRI left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The California MTUS ACOEM guidelines do not recommend shoulder imaging during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag is noted. Routine MRI is not recommended for evaluation of shoulder complaints without surgical indications. Guideline criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. Guideline criteria have not been met. There are no current red flags or surgical indications documented. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

MRI right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The California MTUS ACOEM guidelines do not recommend shoulder imaging during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag is noted. Routine MRI is not recommended for evaluation of shoulder complaints without surgical indications. Guideline criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. Guideline criteria have not been met. There are no current red flags or surgical indications documented. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.