

Case Number:	CM14-0170678		
Date Assigned:	10/23/2014	Date of Injury:	02/23/2012
Decision Date:	12/08/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/15/2014

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 Family Medicine and is licensed to practice in Florida. 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 patient is a 48-year-old female who sustained an industrial related injury on 2/23/2012. The mechanism of injury is not discussed. The nature of the injury is described as a cumulative trauma type industrial injury with involvement of the cervical spine and right upper extremity. She did undergo a C5-C7 cervical fusion. Current diagnoses include: status post cervical spine fusion with residual radiculopathy on 1/3/2013, bilateral shoulders tendinitis, right hip tendinitis status post bone harvest. A 8/2014 progress note indicates that the patient is working at her regular job, but with difficulties. The 8/2014 progress note states that on 7/18/2014 this patient was diagnosed with right cubital tunnel syndrome. She did have an EMG study performed that was consistent with this diagnosis. A thoracic outlet syndrome was also suspected per the documentation and an MRI of the Brachial Plexus was recommended in later 2013. The outcome of that investigation is not obvious on reviewing the records that have been provided. A pain management physician requested an MRI of the right shoulder following an 8/2014 consultation. The reason given for the requested MRI is to further evaluate this patient's pain and symptoms. He also prescribed Gabapentin and Diclofenac. His physical exam at this visit noted "tenderness on palpation of the right posterior shoulder. The range of motion of the right shoulder was decreased due to pain." Motor and sensory examination was within normal limits in the bilateral upper and lower extremities per this physician's physical exam note. A utilization review physician (board certified in Physical Medicine and Rehabilitation) did not certify the requested MRI stating that there were no physical exam findings present on the provided documentation that indicated internal shoulder derangement. Likewise, an independent medical review has been requested.

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Appropriate Use of MRI for Evaluating Common Musculoskeletal Conditions. Donald C. Pompan, MD, FAAOS, Salinas, California. Am Fam Physician. 2011 Apr 15;83(8):883-884

Decision rationale: California MTUS guidelines do state, "For patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning. Imaging findings can be correlated with physical findings." MTUS guidelines are vague on when to perform what imaging study in what clinical situation. Likewise, other guidelines were examined in making this determination. AAFP (American Academy of Family Physicians) supports the use of plain films for screening purposed before advancing to more technological imaging techniques in cases where a patient is having a chronic pain complaint without red flag findings by history or on physical exam that would constitute an emergency. This patient had not had plain films performed of her right shoulder. As the utilization physician noted no signs of internal derangement were noted on the provided physical exam. Therefore, this request for an outpatient MRI of the right shoulder is not medically necessary.