

Case Number:	CM14-0179166		
Date Assigned:	11/03/2014	Date of Injury:	01/13/2013
Decision Date:	12/15/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/28/2014

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 Interventional Spine 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 patient is a 50 year old female with an injury date of 01/13/13. The 09/22/14 progress report by an unknown provider states the patient presents with pain in the neck rated 8-9/10, right wrist rated 7-8/10, the left wrist rated 4-5/10 along with numbness and tingling in the bilateral wrists and headaches rated 7/10. Pain is reported unchanged since the last visit. No objective examination is provided. Examination from 07/09/14 shows mild tenderness to palpation of the cervical spine with 30% loss of motion secondary to pain along with tenderness at the left acromioclavicular joint with positive AC Joint Stress test positive both Anterior and Posterior. Rotator cuff exam shows positive Neer's and Hawkin's tests on the left. The MRI left shoulder "WO" of 06/17/14 provides the following impression: 1. Moderate supraspinatus tendinosis but no tear identified2. Mild shoulder capsulitis The patient's diagnoses include: 1. Bilateral wrist sprain, rule out "intercarpal" ligament tears2. Cervical spine strain with finding consistent with cervical radiculopathy3. Bilateral shoulder impingement syndrome4. Rule out bilateral carpal tunnel syndrome5. CephalgiaThe utilization review under reconsideration is dated 10/02/14. Reports were provided from 04/16/14 to 09/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Left Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder; Magnetic Resonance Imaging (MRI)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, MRI

Decision rationale: The patient presents with neck pain, wrist pain with numbness and tingling, and headaches rated 4-8/10. The provider request is for MRI of left shoulder. ODG guidelines, Shoulder Chapter, MRI, states recommended with the following indications: Acute shoulder trauma, suspect rotator cuff tear/impingement; Sub acute shoulder pain, suspect instability/labral tear; Repeat MRI not routinely recommended and should be reserved for a change in symptoms or findings suggestive of significant pathology. The 05/14/14 report states an MRI of the left shoulder is requested to rule out rotator cuff tear. Subsequent to this statement, however, an MRI left shoulder was performed on 06/17/14. The Request for Authorization is not provided to know if the provider's request was prior to the completed MRI but it would appear so. Given that there were no prior MRI, and suspicion for RC issue, an MRI would be appropriate. Therefore, this request is medically necessary.

MRI of Right Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder; Magnetic Resonance Imaging (MRI)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, MRI

Decision rationale: The patient presents with neck pain, wrist pain with numbness and tingling, and headaches rated 4-8/10. The provider requests for MRI of the right shoulder. ODG guidelines, Shoulder Chapter, MRI, states recommended with the following indications: Acute shoulder trauma, suspect rotator cuff tear/impingement; Sub acute shoulder pain, suspect instability/labral tear; Repeat MRI not routinely recommended and should be reserved for a change in symptoms or findings suggestive of significant pathology. The provider does not discuss this request in the reports provided. In this case, the most recent report from 09/22/14 provides no objective examination of the right shoulder and the next most recent examination from 07/09/14 shows negative Neer's and Hawkin's tests for the right shoulder. However, the patient does have a diagnosis from 09/22/14 of "Bilateral" impingement syndrome and earlier reports show a request for MRI of the bilateral shoulders. There is no indication that the patient has received a prior right shoulder MRI. Therefore, this request is medically necessary.