

Case Number:	CM14-0180479		
Date Assigned:	11/05/2014	Date of Injury:	11/29/2013
Decision Date:	12/26/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/30/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 58-year-old woman who sustained a work-related injury on July 12, 2013. Subsequently the patient developed neck and right shoulder pain. MRI of the cervical spine dated February 14, 2014 documented no disc protrusion or spinal stenosis, degenerative changes at C3-4 and minimally at C6-7. The MRI of the cervical spine dated March 24, 2014 showed disc protrusion at C3-7, facet arthropathy at C3-4, C4-5, C5-6, neural foraminal narrowing at left C3-4 and bilateral C5-6. According to the progress report dated September 9, 2014, the patient complained having pain in the right side of his neck all the time. He reported pain in his right shoulder, pain down into his right arm down to the hand. His hand gets numb and tingly. He reported getting a headache about every other day. Examination of the cervical spine revealed rotation right and left 70 degrees extension within normal limits with pain; flexion within normal limits. Shoulders: abduction right 170 degrees, he complained of pain at 120 degrees/left 170 degrees. Flexion right and left 170 degrees. Examination of both upper extremities revealed muscle strength 5/5. Sensation to pinprick decreased right upper lateral arm and first through fifth digits, within normal limits left upper extremity. Reflexes: nonreactive both upper extremities. Neer and Hawkins positive right. Tender right cervical paraspinals and upper trapezius. The patient was diagnosed with closed-head trauma with headaches and dizziness, cervical sprain/strain, and right shoulder sprain/strain. The provider requested authorization for an MRI of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder (updated 08/27/14), Magnetic Resonance Imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to MTUS guidelines, MRI of the shoulder is recommended in case of rotator cuff damage, tumor and infection. After a review of the records there is no documentation of objective findings pointing to one of these diagnoses. Therefore, Magnetic resonance imaging (MRI) right shoulder is not medically necessary.