

Case Number:	CM14-0186737		
Date Assigned:	11/13/2014	Date of Injury:	10/27/2011
Decision Date:	12/31/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/04/2014

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 33-year-old woman sustained a work-related injury on November 27, 2011. Subsequently, she sustained a chronic neck, low back, and shoulder pain. The patient underwent a lumbar hybrid arthroplasty in November 7, 2012 and a cervical artificial disc replacement in July 27, 2012. The patient did also receive acupuncture and physical therapy treatments and used anti-inflammatory medications. On June 13, 2014, the patient underwent an L5-S1 epidural steroid injection. According to the progress report dated September 17, 2014, the patient complained of neck pain 40% and shoulder pain 60%, which is 50% right-sided and 50% left-sided. She reported experiencing intermittent aching/throbbing neck pain/weakness and constant sharp/burning bilateral shoulder pain. She rated her pain as a 6/10 and 2/10 respectively. She complained of low back pain that she rated as a 7/10. Examination of the cervical spine revealed mild tenderness on palpation and limited range of motion. Examination of the lumbar spine revealed mild tenderness to palpation and limited range of motion. The patient was diagnosed with cervical pain and lumbar pain. The provider requested authorization for MRI right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

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

Decision rationale: According to MTUS guidelines, MRI of the shoulder is indicated in case of tumor, infection, ligament instability and rotator cuff injury. There is no clinical evidence or documentation of one of the above diagnosis. Therefore MRI of the right shoulder is not medically necessary.