

Case Number:	CM14-0022534		
Date Assigned:	05/07/2014	Date of Injury:	01/07/2012
Decision Date:	07/09/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/21/2014

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 Pain Medicine and is licensed to practice in Minnesota. 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 injured worker is a 47-year-old male who reported an injury on 01/07/2012 secondary to an unknown mechanism of injury. The most recent clinical note found in the documentation provided was from 12/17/2013, which indicated the injured worker was evaluated for bilateral shoulder pain. The examination noted the injured worker's pain scale was 3/10 with a positive Neer's sign, positive Speed's test, and positive impingement sign noted to the right. The shoulder examination noted 4/10 pain scale with positive tenderness to palpation at the biceps tendon with a positive Speed's test and impingement sign noted. An official MRI of the right shoulder noted shoulder bursitis, supraspinatus tear, subscapularis tear, biceps tendonitis, and a SLAP tear. An official MRI of the left shoulder noted bursitis, a SLAP tear, and mild glenohumeral osteoarthritis. The diagnoses included bilateral shoulder bursitis, bilateral rotator cuff tendonitis, bilateral shoulder SLAP tear, and right shoulder partial rotator cuff tear. Treatment plan included injections and possible pursuit of surgical treatment. The Request for Authorization and rationale for request were not found in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR ONE MRI OF CERVICAL SPINE BETWEEN 1/8/2014 AND 1/8/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for retrospective MRI of the cervical spine between 01/08/2014 and 01/08/2014 is non-certified. The California MTUS Guidelines state special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. The criteria for ordering imaging studies are: an emergence of a red flag, physiological evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. There was a significant lack of clinical evidence of the rationale for the request for a cervical spine MRI. There is a lack of emergence of red flags and physiological evidence of tissue insult or neurologic dysfunction. Therefore, based on the documentation provided, the request is non-certified.