

Case Number:	CM14-0023876		
Date Assigned:	06/11/2014	Date of Injury:	12/04/2013
Decision Date:	07/15/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/25/2014

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 Orthopaedic Surgery, 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 injured worker is a 43-year-old female who was reportedly injured on December 4, 2013. The mechanism of injury was stated to be hanging hangers. The most recent progress note, dated January 14, 2014, indicated that there were ongoing complaints of neck pain and bilateral shoulder pains. There was also reported numbness in the right sided median nerve distribution. The physical examination demonstrated decreased cervical spine range of motion and tenderness of the posterior cervical paraspinal muscles and right upper trapezius. There was decreased right shoulder range of motion. The radial, median and ulnar nerves were stated to be intact for the right and left hands. There was diagnoses of carpal tunnel syndrome, right shoulder strain, cervical strain and cervicobrachial syndrome. Motrin and Xanax were prescribed. An magnetic resonance imaging of the cervical spine was recommended. Previous treatment included physical therapy. A request had been made for an MRI of the right shoulder and was not certified in the pre-authorization process on February 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING OF THE RIGHT SHOULDER.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

Decision rationale: An magnetic resolution imaging (MRI)of the cervical spine could be considered after failure to improve with conservative therapy after four to six weeks time. The medical record does state that the injured employee participated in physical therapy, but it is unclear how often or what kind of efficacy was achieved. Furthermore, there are no neurological or muscular red flags noted on physical examination that would otherwise justify an MRI. For these reasons, this request for an MRI of the right shoulders is not medically necessary.