

Case Number:	CM14-0031204		
Date Assigned:	06/20/2014	Date of Injury:	02/26/2013
Decision Date:	07/21/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/12/2014

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 & Rehabilitation 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 44-year-old female who reported an injury on 02/26/2013. The mechanism of injury was listed as a repetitious use injury. Within the clinical note on 02/04/2014, it was noted to reveal that the injured worker complained of constant pain and stiffness in her neck which she rated a 7-8/10. It was further stated that she experienced popping, crackling, and clicking in her neck with difficulty sleeping secondary to pain. The injured worker also reported numbness, tingling, and weakness in her arms. It is further noted that the injured worker complained of a constant pain in her shoulders rated 5-7/10 that radiated down into her arms and into her hands. The injured worker also complained of pains in her chest rated 7/10, pain in the lumbar spine rated 6/10, and pain bilaterally into her feet rated 3/10. The current medication list included Motrin 800 mg as needed, Prozac, and lorazepam; however, the dose and frequency of the Prozac and the lorazepam were not provided within the submitted medical records. The physical exam of the cervical spine revealed tenderness to palpation in the bilateral trapezii, scalene and rhomboid muscles with 1+ spasms and guarding. It was also noted that the range of motion of the cervical spine was somewhat limited with a negative Spurling's, Adson's, compression, and traction tests. Within the neurological examination, it was noted to reveal that there were no sensory or motor deficits in the upper extremities. The physical exam of the lumbar spine was noted to reveal that there was tenderness across the L4 through S1 levels at the paraspinal muscles. It was also noted that the injured worker had a negative straight leg raise test with reflexes listed as 1+ with all orthopedic testing of the lower extremities reported as negative. In the physical exam of the bilateral shoulders it was noted to have reveal that the injured worker had no surgical scars or muscle atrophy with reported no sensory or motor deficits rated 5/5 in all muscle groups and in all directions. The range of motion testing of the shoulders was noted that there was little to no loss of range of motion. Within the treatment plan

it was suggested that the injured worker should have electrodiagnostic studies of the upper extremities along with MRIs of the cervical and lumbar spine; however, there was no rationale provided as to what indications are present for a repeat MRI. Within the submitted documentation it was also noted that the patient had undergone MRI studies of the shoulders on 01/20/2014 of the right and left shoulder that were noted to reveal a high grade partial thickness under surface tear of the supraspinatus tendons and mild arthritic changes of the glenohumeral joint. The request for authorization was not provided within the submitted medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Bilateral Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 207. Decision based on Non-MTUS Citation Official Disability Guidelines, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic).

Decision rationale: The request for an MRI (bilaterally) of the shoulders is not medically necessary. The California MTUS/ACOEM Guidelines state that for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve the symptoms. The ACOEM Guidelines also state that partial thickness tears should be treated the same as impingement syndrome regardless of MRI findings. Given the California MTUS/ACOEM Guidelines does not specifically address repeat magnetic resonance imaging, secondary guidelines were sought. The Official Disability Guidelines recommend repeat MRIs as not routinely recommended, and should be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. Within the submitted documentation, the injured worker presented with no neurological deficits in the upper extremities as evidenced by documented objective neurological assessments. Additionally, the physical exam of the upper extremities revealed minimal functional deficits and did not suggest any significant pathology involved with the injured worker. Without further documentation to show objective neurological decline or objective functional decline with the emergence of red flags suggestive of significant pathology, the request at this time cannot be supported by the guidelines. As such, the request is not medically necessary.