

Case Number:	CM14-0050584		
Date Assigned:	09/10/2014	Date of Injury:	12/23/2013
Decision Date:	11/12/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/24/2014

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 Interventional Spine 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 patient is a 50 year old with an injury date on 12/13/13. Patient complains of severe cervical pain that radiates into right hand with associated weakness/numbness in bilateral hands, and left elbow pain that increases with any type of flexion/extension of left arm, with weakness/numbness in left hand per 2/11/14 report. Patient also has right shoulder pain, right knee pain, and no history of urinary/bowel incontinence per 2/11/14 report. Based on the 2/11/14 progress report provided by [REDACTED] the diagnoses are: 1. cervical radiculopathy secondary to a disc herniation at C3-4 causing compression of the right side of the spinal cord 2. injury to the right shoulder 3. injury to the right knee 4. injury to the left elbow 5. cerebral contusion affecting the right frontal lobe Exam on 2/11/14 showed "patient can only raise right arm to 90 degrees." Range of motion testing of right shoulder not included in reports. Patient's treatment history includes MRI C-spine, MRI brain, MRI right shoulder, MRI right knee." [REDACTED] is requesting MRI right shoulder. The utilization review determination being challenged is dated 3/11/14 and denies request due to lack of documentation that patient has failed conservative treatment or mention of right upper extremity weakness. [REDACTED] is the requesting provider, and he provided treatment reports from 12/23/13 to 3/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, protocol

Decision rationale: This patient presents with neck pain, bilateral hand pain, left elbow pain, right shoulder pain, and right knee pain and is s/p left elbow tendon surgery on 12/23/13. The treater has asked for magnetic resonance imaging (MRI) right shoulder on 2/11/14 "to rule out a tear of the rotator cuff." Review of the reports do not show any evidence of a right shoulder MRI being done in the past. Regarding shoulder MRIs, ACOEM guidelines state: "Routine testing (laboratory tests, plain film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain." In this case, the patient had an injury to the shoulder, and an MRI is indicated for a suspected rotator cuff tear. The requested MRI right shoulder is medically reasonable for this case. The requested treatment is medically necessary and appropriate.