

Case Number:	CM14-0051639		
Date Assigned:	06/23/2014	Date of Injury:	09/08/1998
Decision Date:	08/19/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/21/2014

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 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 medical records reflect a claimant with a 1998 injury. She has a diagnosis of shoulder arthritis, right AC joint, impingement syndrome bilaterally, status post SAD on the right, bilateral cubital tunnel syndrome, bilateral carpal tunnel syndrome, Kienbock bilaterally, right Achilles tendinitis, bilateral pes planus acquired and right hip bursitis. An office visit from 2-6-14 notes the claimant continues to use pain medications. She reports right shoulder, right and left hand/wrist pain, as well as right elbow pain. The claimant is continued with the use of medications. There is a request for MRI of the cervical spine and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine and right shoulder under sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cervical and shoulder chapters, MRI.

Decision rationale: Medical records reflect a claimant with an injury from 1998 who continues with complaints of right shoulder, right and left hand/wrist pain, as well as right elbow pain. The

claimant is continued with the use of medications. There is a request for MRI of the right shoulder and MRI of the cervical spine. Regarding the request for MRI of the right shoulder, current treatment guidelines reflect that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. It is also recommended if there is clinically significant rotator cuff tears. It is also recommended for select patients with subacute or chronic shoulder pain thought to potentially have a symptomatic rotator cuff tear. There is an absence in the records provided, noting that this claimant has a symptomatic rotator cuff tear. There is no physical examination provided to support that this claimant is having symptomatic rotator cuff tear. Regarding the request for MRI of the cervical spine, current treatment guidelines reflect that this diagnostic testing is recommended if there are neurologic signs present. MRI is recommended for patients with subacute or chronic radicular pain syndromes lasting at least 4 to 6 weeks in whom the dermatomal and myotomal symptoms are not trending towards improvement if either injection is being considered or both the patient and surgeon are considering surgical treatment if supportive findings on MRI are found. There is an absence in documentation showing neurological deficits or physical exam findings or radiculopathy. Therefore, based on the records provided, the request for MRI of the right shoulder and MRI of the cervical spine is not reasonable or medically indicated.