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| Case Number: | CM14-0060188 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 11/14/2002 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 04/25/2014 |
| Priority: | Standard | Application Received: | 04/30/2014 |

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:

This patient sustained an injury to her neck and upper extremities from cumulative trauma of repetitive charting on 11/14/02 while employed by [REDACTED]. The request under consideration is MRI Open of Left Shoulder Quantity One. AME report of July 2009 noted no additional neurodiagnostic studies or additional surgery recommended. The AME noted the patient's subjective complaints were significantly disproportionate to objective findings. Conservative care has included multiple medications, physical therapy, diagnostics, and modified activities/rest. Report of 11/5/13 from the provider noted shoulder with abduction/flex of 130/160 degrees. Report of 4/9/14 from the provider noted the patient has not worked since 2006 and is collecting social security. Treatment has included shoulder injections and surgery to right shoulder and s/p carpal tunnel release (October 2013), bracing, hot/cold therapy, TENS unit, and elbow sleeve. Diagnoses included discogenic cervical condition with radicular component to left upper extremity, nerve studies unremarkable; right shoulder impingement s/p decompression with plan for repeating MRI; right lateral epicondylitis; CTS s/p decompression; weight gain; ulnar impaction with delayed healing; and significant headaches. Medications list refills for Percocet, Soma, Fioricet, Naprosyn, and Topamax. Request for MRI Open of Left Shoulder Quantity One was non-certified on 4/25/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Open of Left Shoulder Quantity One: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

Decision rationale: Guidelines state routine MRI or arthrography is not recommended without surgical indication such as clinical findings of rotator cuff tear. It may be supported for patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning; however, this has not been demonstrated without changed findings or neurological deficits. Criteria for ordering imaging studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI Open of Left Shoulder Quantity One is not medically necessary and appropriate.