

Case Number:	CM14-0061269		
Date Assigned:	06/20/2014	Date of Injury:	08/16/2004
Decision Date:	07/23/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/17/2014

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 Occupational Medicine 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 claimant was injured on 08/16/04. She injured her shoulder and cervical spine. She also was diagnosed with RSD and a cervical disc injury. A reevaluation with [REDACTED], MRI of the right brachial plexus, right shoulder MR arthrogram, and somatosensory evoked potentials of the right upper extremity have been requested and are under review. On 11/21/13, she saw [REDACTED] and stated that her right upper extremity was improving slowly with medications. Her pain level had decreased from 8/10-5/10 and she had increased her home exercise program. She has persistent decreased range of motion and tenderness about the shoulder with crepitation. There is ongoing evidence of impingement and muscle weakness with decreased range of motion. It was recommended on 02/05/14 that she see [REDACTED] again after the studies were done. She was seen by [REDACTED] on 03/25/14 and an MRI scan of the right shoulder and MRI of the right brachial plexus were recommended. No neurologic deficits have been documented in the records. Essentially the same types of findings were noted over the past few months. She saw [REDACTED] on 06/06/14. She is status post arthroscopic Bankart lesion reconstruction and labral repair in 2011. She also has had a spinal cord stimulator removal. I am unable to identify who [REDACTED] is or find a report by him.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-Evaluation with [REDACTED]: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: The MTUS/ACOEM Guidelines state "if a diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment." This re-evaluation was expected to occur after the studies that ██████ recommended were completed. Those studies were not medically necessary and therefore, the follow up consultation with ██████ is also not medically necessary. It is not clear what ██████ has determined about the claimant or what plan for additional treatment or evaluation he may be consulted about. The request for re-evaluation with ██████ is not medically necessary and appropriate.

MRI (Magnetic Resonance Imaging) of the Right Brachial Plexus: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

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

Decision rationale: The MTUS/ACOEM Guidelines state that the "Primary criteria for ordering imaging studies are: emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon) ; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)." In this case, there are no documented red flag findings and no new or progressive focal deficits for which this type of imaging study appears to be indicated. There is no evidence of a potentially serious derangement of the shoulder that requires this type of study for evaluation. There is no indication that urgent or emergent surgery is under consideration. The request for MRI (Magnetic Resonance Imaging) of the Right Brachial Plexus) is not medically necessary and appropriate.

Somatosensory evoked potential (SSEP) of the right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Masui.2012 June; 61(6): 626-8 (perioperative brachial plexus injury caused by hyperabduction of the upper extremity in a patient with Ehlers-Danlos syndrome in the prone position).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The MTUS/ACOEM Guidelines state "Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery.; and Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)." In this case, there are no documented red flag findings and no new or progressive focal neurologic deficits for which this type of imaging study appears to be indicated. It is not evident why an imaging study for the brachial plexus is being recommended. There is no evidence that urgent or emergent surgery is under consideration. Therefore, the request for Somatosensory evoked potential (SSEP) of the right shoulder extremity is not medically necessary and appropriate.

Right Shoulder MRI (Magnetic Resonance Imaging) with Arthrogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

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

Decision rationale: The MTUS/ACOEM Guidelines state "Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)." In this case, there are no documented red flag findings and no new or progressive focal deficits for which this type of imaging study appears to be indicated. There is no evidence of a potentially serious derangement of the shoulder that requires this type of study for evaluation. Furthermore, there is no indication that urgent or emergent surgery is under consideration. Therefore, the request for right shoulder MRI (Magnetic Resonance Imaging) with Arthrogram) is not medically necessary and appropriate.