

Case Number:	CM14-0071985		
Date Assigned:	07/16/2014	Date of Injury:	06/01/2011
Decision Date:	09/15/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/19/2014

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 Emergency 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:

Patient with reported date of injury on 6/1/2011. Mechanism of injury is reportedly "cumulative trauma". Patient has a history of Fibromyalgia, Sjogren's, gastroparesis, migraines, multilevel lumbar annular fissures, cervical sprain, L hand numbness and L shoulder sprain/internal derangement and lumbar radiculitis. Medical records reviewed. Last report available until 6/26/14. Patient complains of neck pain and low back pain. Patient complains of increasing pain. Poor sleep reported. Claims leg numbness and tingling in hands. Objective exam reveals decreased cervical range of motion (ROM) with paravertebral tenderness and trigger points in L side. Spurling's negative. Lumbar Spine exam reveals decreased ROM, tenderness, spasms and tenderness on L side. Negative facet loading. Negative straight leg raise, FABER and Babinski. L shoulder exam reveals no pain on palpation. Restricted flexion to 175 degrees and abduction is limited by pain. O'Brien's and Empty Cans test positive. L C3-T1 dermatome decreased. MRI of Cervical Spine (2/25/14) was reportedly benign as per report 6/26/14. Full report was not provided for review. MRI of L shoulder (1/8/13) was reportedly negative as per report 6/26/14. Full report was not provided for review. An EMG/NCV of upper extremity was done but no report was available for review. It reportedly showed signs of "possible carpal" tunnel. Current medications include celebrex, omeprazole, Butrans and Skelaxin. Patient has had multiple blocks and radio frequency procedures of lumbar spine. Patient has attempted physical therapy and TENS with no improvement. Independent Medical Review is for MRI of Left shoulder. Prior UR on 7/15/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Minnesota Rules, 5221.6100 Parameters for Medical Imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208,211.

Decision rationale: As per provided report, MRI was ordered to rule out "Thoracic outlet vs mass causing pain/paresthesia." As per MTUS ACOEM guidelines, an MRI of the shoulder should only be considered in signs of red flag (limb/life threatening) findings, unexpected failure to progress and clarification of anatomy prior to invasive procedure. All of these has already been assessed by recent MRI done on 1/13 that was reportedly normal. There is no reported change or worsening in symptoms. Guidelines also states that for diagnosis of Thoracic Outlet Syndrome, an EMG may be used to confirm diagnosis. Patient had reportedly normal shoulder MRI and EMG. Therefore, MRI (Magnetic Resonance Imaging) of the left shoulder is not medically necessary.