

Case Number:	CM14-0072805		
Date Assigned:	07/16/2014	Date of Injury:	08/06/2013
Decision Date:	09/16/2014	UR Denial Date:	04/30/2014
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 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 21 year old female with date of injury 8/6/13. The treating physician reports dated 4/2/14, 2/19/14, 1/28/14, 1/8/14 and 11/13/13 were reviewed. The treating physician states that the patient has been evaluated by a thoracic surgeon and the patient reports that surgery was recommended. The 1/28/14 report indicates that the patient has right neck, shoulder, and arm pain rated a 7/10. The objective findings listed are negative Adson's test, AER and EAST are both positive bilaterally, motor and sensory are normal and general and vascular exams are otherwise negative. The current diagnosis is probable thoracic outlet syndrome. The utilization review report dated 4/30/14 denied the request for MRI of bilateral shoulders based on the 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 of bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The patient presents with chronic right neck, shoulder and arm pain. The current request is for MRI of bilateral shoulders. The treating physician report dated 1/28/14 states, "Recommendations, MRI of the brachial plexus, physical therapy, somatosensory evoked potential and follow up after all tests are completed." There is no other documentation provided in the 77 pages of medical records regarding information substantiating the medical necessity of the request for bilateral MRI of the shoulders. The ACOEM Guidelines do support shoulder MRI scans when conservative treatments fail and clarification of the diagnosis is needed. In this case there is no rationale provided for requesting a bilateral shoulder MRI. The patient has complaints only affecting the right shoulder and there is nothing in the records provided to indicate any red flags exist that would require bilateral shoulder MRI scans. As such, the request is not medically necessary and appropriate.