

Case Number:	CM14-0077000		
Date Assigned:	07/18/2014	Date of Injury:	09/07/2007
Decision Date:	09/17/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/27/2014

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 Anesthesiology has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 57-year-old female with a 9/7/07 date of injury. At the time (4/8/14) of request for authorization for bilateral shoulder MRI and thoracic MRI, there is documentation of subjective (worsening moderate to severe pain in the shoulders, neck and mid back radiating down the arms with numbness and tingling, and difficulty performing activities of daily living) and objective (tenderness to palpation in the right upper trapezius and right biceps tendon, trigger points palpated in the upper trapezius, mid-trapezius, lower trapezius and rhomboid region bilaterally, decreased cervical and bilateral shoulder range of motion, decreased strength in the bilateral upper extremities, decreased sensation in the right C8 dermatome, decreased triceps reflexes, and positive Spurling's test) findings, imaging findings (x-ray of the thoracic spine (1/11/13) report revealed wedge deformity of two thoracic vertebral bodies with a recommendation that high-priority action is required), current diagnoses (frozen shoulder, shoulder impingement, complete rotator cuff rupture, and rotator cuff syndrome), and treatment to date (medications). In addition, medical report identifies a request for thoracic spine MRI due to progressive thoracic spine symptoms; and MRI of the shoulders due to progressive symptoms with increased pain and significant functional limitations with clear deterioration of the patient's condition. Furthermore, medical report identifies that a previous MRI of the shoulders was performed in 2007.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Shoulder MRI: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines: Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging.

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of preoperative evaluation of partial thickness or large full-thickness rotator cuff tears, as criteria necessary to support the medical necessity of shoulder MRI. ODG identifies documentation of a diagnosis/condition for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnoses of frozen shoulder, shoulder impingement, complete rotator cuff rupture, and rotator cuff syndrome. In addition, there is documentation of previous MRI of the shoulders performed in 2007. Furthermore, given documentation of a request for MRI of the shoulders due to progressive symptoms with increased pain and significant functional limitations with clear deterioration of the patient's condition, there is documentation of a diagnosis/condition for which a repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for bilateral shoulder MRI is medically necessary.

Thoracic MRI: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Magnetic Resonance Imaging (MRI).

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of an MRI. ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an MRI is indicated (Thoracic spine trauma: with neurological deficit), as criteria necessary to support the medical necessity of a Thoracic MRI. Within the medical information available for review, there is documentation of diagnoses of frozen shoulder, shoulder

impingement, complete rotator cuff rupture, and rotator cuff syndrome. In addition, given documentation of subjective (worsening moderate to severe pain in the mid back radiating down the arms with numbness and tingling, and difficulty performing activities of daily living) and objective (decreased strength in the bilateral upper extremities (including the hands and fingers)) findings, imaging findings (x-ray of the thoracic spine identifying wedge deformity of two thoracic vertebral bodies with a recommendation that high priority action is required), and a request for thoracic spine MRI due to progressive thoracic spine symptoms, there is documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an MRI is indicated (Thoracic spine trauma: with neurological deficit). Therefore, based on guidelines and a review of the evidence, the request for thoracic MRI is medically necessary.