

Case Number:	CM14-0087821		
Date Assigned:	07/23/2014	Date of Injury:	06/20/2013
Decision Date:	09/19/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/11/2014

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 Ohio and Texas. 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 injured worker is a 36-year-old male who reported an injury on 06/20/2013 due to starting to fall, he caught himself and sustained an injury. The injured worker had a history of right shoulder pain with a diagnosis of labral tear/right shoulder, flap tear, rotator cuff tear, impingement, and acromioclavicular joint arthritis. The injured worker had a status post rotator cuff repair with decompression noted on 01/16/2014. The past treatments included physical therapy, a TENS unit, ice pack, sling adductor pillow and medication. No diagnostics were available for review. The medication included Vicodin. The objective findings dated 04/10/2014 to the right shoulder revealed passive range of motion goal except he lacks 15 degrees external rotation, active range of motion goal except he lacks 30 degrees of extended rotation. The motor strength included an abduction of 4, a forward flexion of 4, and an internal rotation of 4. The injured worker also had a Celestone and lidocaine injection to the subacromial space. The treatment plan included magnetic resonance imaging (MRI) of the cervical spine. The Request for Authorization dated 07/23/2014 was submitted with documentation. The rationale for the MRI of the cervical spine was not provided.

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 Cervical Spine, without contrast material:

Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for MRI (Magnetic Resonance Imaging) of the Cervical Spine, without contrast material is not medically necessary. The California American College of Occupational and Environmental Medicine (ACOEM) indicates that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. The clinical note did not indicate that the injured worker had neck or upper back problems. The physical examination did not address the neck or the upper back. There was no measurable pain scale provided. As such, the request is not medically necessary.