MAXIMUS Federal Services

Case Number:	CM14-0096832		
Date Assigned:	07/21/2014	Date of Injury:	05/20/2005
Decision Date:	08/27/2014	UR Denial Date:	05/12/2014
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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 45-year-old male who is reported to have sustained injuries to his cervical spine and left shoulder because of lifting on 05/20/05. The submitted clinical records indicate that the injured worker has undergone an anterior cervical discectomy and fusion x 2 and subsequently developed a failed cervical surgery syndrome for which he underwent an implantation of a spinal cord stimulator. This is reported to have provided 50% relief in the injured worker's neuropathic pain. The records further indicate that the injured worker underwent a left shoulder surgery in 2009. The most recent clinical records indicate that the injured worker has been diagnosed with cervical osteoarthritis, arthritis of the left acromioclavicular joint, left shoulder bursitis, and a residual left cervical radiculopathy. Treatment to date has included medications, subacromial injections, implantation of a spinal cord stimulator, nerve blocks, trigger point injections, cervical epidural steroid injections, oral medications, and physical therapy. The most recent clinical records note that the injured worker has increasing pain in the left shoulder. Range of motion is noted to be flexion to 120 degrees, adduction to 110 degrees, internal rotation to the sacroiliac joint, and external rotation to 50 degrees. There is tenderness to palpation over the acromioclavicular joint and subacromial area. There is crepitation in the subacromial area. Strength and sensation are normal. Impingement tests are positive. Hawkins' test is positive. Radiographs of the left shoulder dated 04/26/14 revealed a type 3 acromion with overhang of the acromion on 30 degrees caudal view and irregularity of the subchondral bone over the distal clavicle. The record notes a magnetic resonance image of the shoulder, which was reported to have revealed irregularities in the anterior labrum and tendinopathy of the infraspinatus. The record contains a utilization review request dated 05/12/14. This request for a magnetic resonance image with contrast was not granted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI ARTHOGRAM LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The request for a magnetic resonance image arthrogram of the left shoulder is not supported as medically necessary. The submitted clinical records indicate that the injured worker has a history of left shoulder surgery in 2009. He is recently reported to have increasing pain in the left shoulder. Examination suggests loss of function as there is decreased range of motion and positive findings of impingement. The record alludes to prior imaging studies that were not presented for review. In addition to this, the injured worker has an implanted spinal cord stimulator with cervical leads. The record does not provide any data to indicate that imaging studies can be effectively performed in the presence of this implanted device. Therefore, noting the lack of prior imaging studies and the presence of a cervical spinal cord stimulator, the request cannot be supported as medically necessary at this time.