MAXIMUS Federal Services

Case Number:	CM14-0164110		
Date Assigned:	10/08/2014	Date of Injury:	07/25/2012
Decision Date:	01/12/2015	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/06/2014

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 Orthopedic Surgeon and is licensed to practice in 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 50-year-old female with a reported injury on 07/25/2012. The injury reportedly occurred when the injured worker was supporting a patient with her right arm causing pain. Her diagnoses include cervical degenerative disc disease with radiculopathy, right shoulder pain, insomnia and muscle spasm. The injured worker's past treatments included shoulder injections, physical therapy, home exercise program, and medications. The injured worker's diagnostic testing included an MRI of the right shoulder performed on 03/05/2013, which was noted to reveal a partial tear of the under surface of the supraspinatus tendon. The injured worker's surgical history included a right shoulder arthroscopy with subacromial decompression and arthroscopic labral repair performed on 06/05/2013. In the most recent clinical note on 05/22/2014, the injured worker reported no improvement with her neck and her right shoulder over the past several weeks. She reported continued mild to moderate neck and shoulder pain. She was currently in physical therapy and performing her home exercises daily. Upon physical examination, the injured worker was noted with right shoulder with forward elevation full with end range pain, and abduction was 150 degrees with pain. Her cervical range of motion was slightly restricted in all fields with end range right sided neck pain. The injured worker's medications included ibuprofen 600 mg. The request was for an MRI of the cervical spine and right shoulder. The rationale for the request was not provided. The Request for Authorization form was signed and submitted on 10/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, MRI.

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

Decision rationale: The California MTUS/ACOEM Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The injured worker was noted to have pain and limited range of motion in the cervical area. The documentation did not provide sufficient evidence of significant objective neurological deficits upon physical examination. In the absence of documentation with sufficient evidence of significant objective neurological deficits, the request is not supported. Therefore, the request for MRI of the Cervical Spine is not medically necessary.

MRI of the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Magnetic Resonance Imaging (MRI).

Decision rationale: The Official Disability Guidelines note that subtle tears are of full thickness, and best imaged by MR arthrography, whereas larger tears and partial thickness tears are best defined by MRI. The results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear and that either MRI or ultrasound could equally be used for detection of full thickness rotator cuff tears. A repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The documentation indicated that the injured worker had full range of motion of the right shoulder. The documentation did not provide sufficient evidence of new findings suggestive of significant pathology that does not correlate with the previous MRI. In the absence of documentation to indicate new findings suggestive of significant pathology that does not correlate with previous MRI, the request is not supported. Therefore, the request for MRI of the Right Shoulder is not medically necessary.