

Case Number:	CM14-0196121		
Date Assigned:	12/04/2014	Date of Injury:	10/27/2011
Decision Date:	03/06/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 sustained a work related injury on October 27, 2011. The exact mechanism of the work related injury was not included in the documentation provided. The injured worker was noted to have undergone a lumbar hybrid arthroplasty in November 2012, and a cervical arthroplasty in July of 2012. The injured worker's conservative treatments were noted to have included acupuncture, heat/ice, bracing, lumbar epidural steroid injections, cervical injections, TENS unit, physical therapy, massage therapy, and oral medications. The Primary Treating Physician's visit dated October 15, 2014, noted the injured worker with complaints of neck, shoulder, low back, and leg pain. The injured worker reported throbbing, burning neck pain/spasms, constant sharp/shooting/burning bilateral shoulder/interscapular pain/spasms, constant aching/stabbing/burning low back pain/weakness and bilateral leg pain, with numbness, and pins and needles sensation. The injured worker was noted to be feeling better since the previous visit. Physical examination was noted to show mild tenderness to palpation of the neck, and mild tenderness to palpation of the lumbar spine. The left upper extremity was noted to be stable with no subluxation or laxity, comfortable through passive range of motion, with no asymmetry, crepitation, defects, masses, or effusions. The diagnoses were noted as cervical pain/radiculopathy/HNP/Sprain and lumbar pain/HNP/radiculopathy/Sciatica. The Physician requested authorization for a MRI of the left shoulder. On October 30, 2014, Utilization Review evaluated the request for a MRI of the left shoulder, citing the MTUS Chronic Pain Medical Treatment Guidelines, the MTUS American College of Occupational and Environmental Medicine, and the Official Disability Guidelines, Shoulder Procedure Summary, last updated

August 27, 2014. The UR Physician noted there was insufficient documentation of significant examination findings in the left shoulder to support the request for a MRI of the left shoulder. The UR Physician noted that in the absence of specific findings that suggest internal derangement, the medical necessity of the requested MRI of the left shoulder was not evident, and non-certification was warranted. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LEFT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, TWC Shoulder Procedure

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder section, MRI

Decision rationale: Pursuant to the Official Disability Guidelines, MRI left shoulder is not medically necessary. MRI and/or arthroscopy have similar diagnostic and therapeutic impact, although MRI is more sensitive and less specific. MRI may be the preferred investigation because of better demonstration of soft tissue anatomy. Indications for MRI imaging include, but are not limited to, acute shoulder trauma, suspect rotator cuff tear/impingement, over the age of 40, normal plain radiographs; and subacute shoulder pain, suspect instability/labral tear. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the injured worker's working diagnoses are cervical pain/radiculopathy/herniated disc/sprain; and lumbar pain/herniated disc/radiculopathy/sciatica. Prior surgeries are status post lumbar hybrid arthroplasty November 7, 2012; and status post cervical arthroplasty July 27, 2012. Subjectively, the injured worker complains of cervical spine and lumbar spine pain. There were no shoulder complaints documented. Objectively, there was tenderness to palpation in the cervical and lumbar paraspinal muscle. Examination of the left upper extremity showed no asymmetry, crepitus, defects, masses or effusion. Passive range of motion was comfortable. The shoulder was stable with no evidence of subluxation or laxity. Strength was 5/5 in all major muscle groups bilaterally. Sensation was intact to light touch and pinpricks rewrap the upper extremities. CAT scan of the cervical spine and lumbar spine were normal. MRI cervical spine showed mild disc desiccation at C6 -C7 with a small central 1 to 2 mm disc bulge. MRI lumbar spine was unremarkable. The physician requested an MRI of the left shoulder due to tenderness on physical examination and a slight decrease in range of motion. His plan was to "rule out any soft tissue pathology that may be found on MRI". This is not a clinical indication for a magnetic resonance imaging study of the left shoulder. Indications include acute shoulder trauma with suspected rotator cuff tear/impingement and subacute shoulder pain with suspected instability/labral tear. There are no clinical findings compatible with those findings. Consequently, absent clinical documentation to support an MRI of the left shoulder, MRI left shoulder is not medically necessary.