

Case Number:	CM14-0203392		
Date Assigned:	12/15/2014	Date of Injury:	05/01/2009
Decision Date:	02/06/2015	UR Denial Date:	11/28/2014
Priority:	Standard	Application Received:	12/05/2014

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 Rehab 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:

This 60 year old female sustained an industrial related injury on 05/10/2009. According to the UR, the injury occurred while performing pushing and pulling activities around the office. The results of the injury and initial diagnoses were not discussed in the clinical notes provided. The most recent exam (07/21/2014) included subjective complaints that included dull to sharp headaches (7/10), bilateral flare-up of moderate to heavy radiating neck pain (7-8/10), and bilateral dull to sharp shoulder pain. Objective findings included diminished and painful range of motion (ROM) to the cervical spine with flexion of 55, extension of 45, bilateral lateral flexion of 35, and bilateral rotation of 65. Examination of the shoulders revealed: ROM right abduction of 60 with pain, left abduction of 110, right adduction 35, left adduction of 45, right flexion of 60, left flexion of 90, right extension of 15 with pain, left extension of 35, right interior rotation of 55 with pain, left interior rotation of 40, and palpable tenderness to the occipital and C1 through T2 centrally and bilaterally. Current diagnoses (11/17/2014) include contracture of joint, peri-arthritis of the shoulder, cervical brachial syndrome and spinal enthesopathy. Treatment to date was not discussed in the clinical notes provided; however, the UR report states that the injured worker has undergone previous left shoulder rotator cuff (RTC) repair (2010), right shoulder RTC repair (2011), right shoulder RTC repair revision (05/01/2013), 6 chiropractic treatments to both shoulders and neck (approved 01/2014), physical therapy, injections, and medications. Diagnostic testing was not discussed or provided in the clinical records provided; however, the UR report indicates that the injured worker has received: MRI of the right shoulder (01/03/2013) revealing a large full thickness cuff tear with significant attenuation and retraction and some atrophy; fluoroscopic views of the right shoulder revealing a type II acromion, two metal suture anchors, and some mild AC joint narrowing; and a MRI of the left shoulder (unknown date) revealing some partial thickness tearing and some supraspinatus atrophy. Per the

request for authorization (dated 11/17/2014), there was no rationale provided for the requested MRI of the shoulders and neck. There was no documented current treatment noted at the time of the request for services. The injured worker did report (per PR 07/21/2014) needing help with self-care, inability to lift anything, moderate pain with reading, daily headaches, inability to perform usual work, pain with driving, and sleep disturbance due to increased pain. There was limited to information provided to assess changes in functional deficits. Work functions and status was not mentioned in the progress reports. Dependency on medical care was increased with approval for further chiropractic treatments. On 11/28/2014, Utilization Review non-certified a prescription for MRI of the shoulders which was requested on 11/17/2014. The MRI of the shoulders was non-certified based on previous flare-ups being successfully treated with chiropractic treatment without additional imaging, no evidence that the orthopedic surgeon who performed the shoulder surgery supports an additional MRI at this time, and absence of evidence that the injured worker has a red flag condition or neurological deficits/abnormalities. The MTUS and ODG guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of MRI of shoulders. On 11/28/2014, Utilization Review non-certified a prescription for MRI of the neck which was requested on 11/17/2014. The MRI of the neck was non-certified based previous flare-ups being successfully treated with chiropractic treatment without additional imaging, no evidence that the orthopedic surgeon who performed the shoulder surgery supports an additional MRI at this time, and absence of evidence that the injured worker has a red flag condition or neurological deficits/abnormalities. The MTUS and ODG guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of MRI of neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 206.

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 patient presents with pain affecting the neck and shoulders. The current request is for MRI of the shoulders. The report regarding this request was not provided for review. The UR report stated that the patient had a right shoulder MRI in 2013. The ODG guidelines state, "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 medical records have not documented any significant changes in the patient's symptoms and there are no red flags noted to indicate the medical necessity for a repeat MRI. There is no documentation of a prior left shoulder MRI, however there is also no information provided to indicate any acute trauma or suspected rotator cuff tear. Therefore, this request is not medically necessary.

MRI of the neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Magnetic resonance imaging (MRI).

Decision rationale: The patient presents with pain affecting the neck and shoulders. The current request is for MRI of the neck. The treating physician states, "Unable to do usual work, moderate neck pain while driving, sleep is greatly disturb, can hardly do any recreational activities because of pain in neck." The ODG guidelines state, "Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present." In this case, the records have not documented that the patient has cervical tenderness or documented any neurologic findings and that conservative treatment, such as chiropractic, is helping the patient. Therefore, this request is not medically necessary.