

Case Number:	CM14-0203697		
Date Assigned:	12/16/2014	Date of Injury:	07/26/2012
Decision Date:	02/04/2015	UR Denial Date:	11/13/2014
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 Family Practice and is licensed to practice in Florida. 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 patient is a 55-year-old male with a date of injury of 7/28/2012. The mechanism of injury is not discussed in the provided documentation. Current diagnosis is right-sided neck and shoulder pain status post arthroscopy. Prior treatment has included right shoulder arthroscopy, intraarticular debridement, subacromial decompression, on 01/30/2013 decompression of long head biceps stump - post long head biceps rupture in 2012. He has also previously been treated with injections, therapy, home exercise program, and medications. A 1/29/2014 qualified medical examiner recommended an MRI of cervical spine due to a C6 cervical radiculopathy that was identified by a nerve conduction study per a 10/2014 worker's compensation follow up note. A right shoulder MRI was also requested to evaluate the status of the rotator cuff since the patient has been complaining of right shoulder pain. His physical exam noted the rotator cuff strength to be grossly intact with pain isolated to the supraspinatus. Hawkins's maneuver did result in discomfort. He had tenderness to palpation of the right trapezius and right posterior shoulder deltoid region. Range of motion in the right shoulder is noted to be reduced. His work status is described as permanent and stationary status. A utilization review physician did not certify requests for MRIs of the cervical spine and right shoulder since this physician stated that the physical exam documentation did not justify the requested imaging studies. Therefore, an independent medical exam was requested to determine the medical necessity of the aforementioned studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder.: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The California MTUS guidelines state regarding ordering special studies: "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: Emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure." Regarding this patient's case, a C6 cervical radiculopathy was identified by a nerve conduction study per a 10/2014 worker's compensation follow up note. The EMG study showed evidence of neurologic dysfunction, thereby meeting the MTUS criteria for further evaluation with a special study. This request for an MRI of the cervical spine is considered medically necessary.

MRI of the cervical spine w/o Gadolinium.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder complaints Page(s): 207.

Decision rationale: According to California MTUS guidelines, "For most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red-flag conditions are ruled out. There are a few exceptions: Stress films of the AC joints (views of both shoulders, with and without patient holding 15-lb weights) may be indicated if the clinical diagnosis is AC joint separation. Care should be taken when selecting this test because the disorder is usually clinically obvious, and the test is painful and expensive relative to its yield. If an initial or recurrent shoulder dislocation presents in the dislocated position, shoulder films before and after reduction are indicated. Persistent shoulder pain, associated with neurovascular compression symptoms (particularly with abduction and external rotation), may indicate the need for an AP cervical spine radiograph to identify a cervical rib." The provided documentation for this patient's case does not meet the MTUS criteria for the requested MRI. There are no compelling physical exam findings provided to support this request. Likewise, this request for an MRI is not considered medically necessary.