

Case Number:	CM14-0039281		
Date Assigned:	10/07/2014	Date of Injury:	04/13/2012
Decision Date:	01/26/2015	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/03/2014

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, has a subspecialty in Interventional Spine, 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 patient is a 46 year old male with an injury date of 04/13/12. Based on the 11/19/13 progress report, the patient complains of back pain, leg pain, and buttock pain which he rates as a 2-3/10. He has had improvement in his neck, shoulder, and arm pain on the left. He has numbness and tingling in his left hand as well as in the lateral and medial portion of his elbow region. He has pain anteriorly in the shoulder capsule and posterior cervical brachial region, as well as his trapezius into the neck region. The patient has pain with abduction of the left arm. The 02/03/14 report states that the patient has pain in his neck, balance problems, numbness/weakness in his left arm, anxiety, dizziness, and depression. The 03/03/14 report indicates that the patient has neck and lower back pain which he rates as a 7-8/10. He has cramping throughout the posterior aspect of his bilateral lower extremities. His left sided shoulder pain radiates down to his left elbow and he continues to have numbness in the 4th and 5th digits of his bilateral hands. Left shoulder raise was 4/5 and the patient could only lift left upper extremity to about 120 degrees. He has a positive Tinel's and Phalen test in the ulnar nerve distribution on the left. The patient's diagnoses include the following: Lumbar disc displacement without myelopathy Cervical disc displacement without myelopathy The utilization review determination being challenged is dated 03/11/14. Treatment reports were provided from 09/24/13- 03/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter, MRI.

Decision rationale: The patient presents with pain in his lower back, leg, buttocks, and neck. The request is for an MRI of the left shoulder. The reason for this request was not provided. There is no record of a prior MRI of the left shoulder in the documentation provided. ACOEM Guidelines has the following regarding shoulder MRI on pages 207-208, "Routine testing (laboratory test, plain film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raise a suspicion of a serious shoulder condition or referred pain." ACOEM Guidelines pages 207-208 continue to state that the primary criteria for ordering imaging studies include: 1.) emergence of red flags; 2.) physiologic evidence of tissue insult; 3.) failure to progress in strengthening program; and 4) clarification of anatomy prior to an invasive procedure. ODG Guidelines under shoulder chapter supports MRI of the shoulder if conservative measures have failed and rotator cuff/labral tear are suspected. In this case, the patient has had left shoulder pain as early as 09/24/13. His left sided shoulder pain radiates down to his left elbow and he continues to have numbness in the 4th and 5th digits of his bilateral hands. Left shoulder raise was 4/5 and the patient could only lift left upper extremity to about 120 degrees. Given the patient's weakness and reduced ROM, an MRI appears reasonable and supported by the guidelines. The request is medically necessary.