

Case Number:	CM15-0002703		
Date Assigned:	01/13/2015	Date of Injury:	12/05/2012
Decision Date:	03/18/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/06/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year old, who sustained an industrial injury on 12/5/2012. Details of initial injury were not submitted for this review. The diagnoses have included status post C3-C6 discectomy and fusion 1/22/14, cervical degeneration and facet arthropathy. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), physical therapy, acupuncture and chiropractic treatment. Currently, the IW complains of ongoing neck pain with radiation to right shoulder associated with intermittent numbness rating pain 6-7/10 VAS. Physical examination from 12/1/14 documented decreased Range of Motion (ROM) in right shoulder and positive impingement sign. The provider documented persistent right shoulder pain with failure to improve after conservative measures including Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), physical and chiropractic therapy, and positive impingement sign and requested further investigation via Magnetic Resonance Imaging (MRI). On 12/17/2014 Utilization Review non-certified a Magnetic Resonance Imaging (MRI) right shoulder, noting the medical records did not include documentation of an approved diagnosis. The MTUS Guidelines cited. On 1/6/2015, the injured worker submitted an application for IMR for review of Magnetic Resonance Imaging (MRI) right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI- Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic Resonance (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Chapter 9, Shoulder Complaints, Special Studies and Diagnostic Considerations, page 209.

Decision rationale: The patient has chronic cervical injury with radiating pain to right shoulder s/p cervical discectomy and fusion in January 2014. Current shoulder exam is without specific tissue insult, neurological compromise, or red-flag findings to support imaging request. Guidelines state routine MRI or arthrography is not recommended without surgical indication such as clinical findings of rotator cuff tear. It may be supported for patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist conditioning; however, this has not been demonstrated with lack of neurological deficits. Criteria for ordering imaging studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of right shoulder is not medically necessary and appropriate.