

Case Number:	CM15-0019889		
Date Assigned:	02/09/2015	Date of Injury:	09/03/2007
Decision Date:	08/04/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	02/02/2015

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:

This injured worker is a 64 year old female, who reported an industrial injury on 9/3/2007. Her diagnoses, and or impression, were noted to include: closed head injury without concussion; cervical strain with cervical disc disease, radiculitis and stenosis; right upper extremity radiculopathy; right shoulder impingement syndrome, status-post right shoulder surgery in 2008, resulting in progressive pain/stiffness; bilateral carpal tunnel syndrome; and left shoulder impingement. The history notes chronic pulmonary disease and chronic renal insufficiency. Recent electromyogram and nerve conduction velocity studies of the upper extremities were done on 7/16/2014; no current x-rays or imaging studies were noted. Her treatments were noted to include diagnostic imaging studies; an agreed medical re-evaluation on 2/19/2013; and rest from work. The progress notes of 12/16/2014 reported a follow-up evaluation for severe bilateral wrist pain, with spasms, and the feeling that her hands twist and get deformed; and bilateral leg pain, stiffness and aching. Objective findings were noted to include tenderness over the cervical para-spinal muscles and both shoulders, and painful circumduction of the right shoulder; dysesthesia in the hands/feet that were with decreased deep tendon reflexes at both biceps, brachioradialis and triceps; absent bilateral knee and ankle jerks; and abnormal bilateral plantar responses. The physician's requests for treatments were noted to include magnetic resonance imaging studies of the right shoulder to look for evidence of internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI- right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 11th Edition, 2013. Shoulder Chapter, Magnetic resonance imaging.

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: Per MTUS Treatment Guidelines, criteria for ordering imaging studies are, red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Clinical report does not demonstrate such criteria without identified acute flare-up, new injury, progressive clinical deterioration, or failed conservative treatment trial to support repeating the MRI study. The 1 MRI- right shoulder is not medically necessary and appropriate.