

Case Number:	CM15-0139229		
Date Assigned:	07/29/2015	Date of Injury:	07/11/2011
Decision Date:	09/02/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/17/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 64-year-old male, who sustained an industrial injury on 7/11/11. Initial complaints were not reviewed. The injured worker was diagnosed as having cervical radiculopathy; left thumb CMC degenerative joint disease; thoracic spine pain; cervical spondylosis with myelopathy; spasms of muscle; cervical displacement without myelopathy; brachial neuritis/radiculitis; degenerative cervical intervertebral disc; cervicalgia; myalgia/myositis. Treatment to date has included status post anterior cervical discectomy/fusion/instrumentation with structural allograft (4/1/14); status post left shoulder arthroscopy with ESAD, biceps tenodesis and labral resection (11/14/14); physical therapy; medications. Currently, the PR-2 notes dated 5/26/15 indicated the injured worker complains of chronic cervical spine pain bilaterally and left shoulder upper back pain. He returns for a follow-up and re-evaluation since last seen on 4/27/15. He continues with daily headaches on the right side from occiput. He is complaining of keloid pain now as well. They seem to be worse in the "PM's" (evenings). He feels tightness to the neck and shoulders. He is having mid back pain that wraps around to the right rib area. Prolonged walking causes more back pain. He is using a cane and is concerned about his medications being denied as he has received a letter. He is trying to get his medications through his primary care physician. He reports without his pain medications, he is now minimally functional. He is reporting his pain as severe and unable to open things and doing less in the house and not able to sleep well without the medications. He is having muscle issues and symptoms. He is not getting his medications authorized. His blood sugar is in the 300's recently and his surgeon has nothing more to offer him at this point. He rates his pain at 7/10. Last reports of MRI for cervical spine was 10/6/11, thoracic spine 9/26/11 and both cervical and thoracic revealed degenerative disc disease. The provider is requesting authorization of 3T MRI left shoulder. The medication list includes Oxycodone. A recent detailed physical examination of the left shoulder was not specified in the records specified. The

patient had received an unspecified number of the PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

3T MRI left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder (updated 10/31/14), Magnetic resonance imaging (MRI).

Decision rationale: 3T MRI left shoulder. According to ACOEM guidelines cited below, "for most patients, 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; e.g., indications of intra abdominal or cardiac problems presenting as shoulder problems; Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Reynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)." Any of these indications that would require a shoulder MRI were not specified in the records provided. Patient did not have any evidence of severe or progressive neurologic deficits that were specified in the records provided. A recent detailed physical examination of the left shoulder was not specified in the records specified. Patient has received an unspecified number of PT visits for this injury. A detailed response to previous conservative therapy was not specified in the records provided. Rationale for 3T MRI left shoulder was not specified in the records specified. A recent shoulder X-ray report is not specified in the records provided. The medical necessity of the request for 3T MRI left shoulder is not fully established in this patient.