

Case Number:	CM15-0139406		
Date Assigned:	07/29/2015	Date of Injury:	03/17/2010
Decision Date:	08/26/2015	UR Denial Date:	07/07/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 43 year old woman sustained an industrial injury on 3/17/2010 after a slip and fall on cement. The worker received immediate medical care. Evaluations include undated right shoulder MRI, cervical spine MRI, and electromyogram of the bilateral upper extremities. Diagnoses include lumbar discogenic pain, left shoulder internal disruption, bilateral carpal tunnel disease, thoracic spine pain, and cervical spine pain. Treatment has included oral medications, physical therapy, and surgical intervention. Physician notes dated 6/16/2015 show complaints of bilateral hand and wrist pain, left shoulder pain, low back pain, neck pain, thoracic spine pain, and leg pain. Physical exam revealed a positive left Hawkin's sign and decreased range of motion left worse than right. Deep tendon reflexes were intact and the patient has normal pain and touch sensation bilaterally in lumbar and cervical region. She has normal gait and normal strength of abductor hallucis longus and foot flexors. Recommendations include lumbar spine MRI, left shoulder MRI, orthopedic consultation, Tizanidine, Gabapentin, Naproxen, Omeprazole, topical cream, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) to the lumbar spine Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) - Magnetic resonance imaging (MRIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back -MRIs (magnetic resonance imaging).

Decision rationale: Magnetic resonance imaging (MRI) to the left shoulder Qty: 1.00 is not medically necessary per the MTUS and the ODG Guidelines. The ACOEM MTUS Criteria state that the primary 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). The ODG states that criteria for a shoulder MRI are acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; subacute shoulder pain, suspect instability/labral tear; repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The documentation indicates that the patient has had radiographs of the left shoulder which demonstrate type 2 acromial morphology and AC arthrosis which were deemed prexistant to the patient's injury. The patient is over 40 and physical exam findings reveal a suspicion for impingement pathology however, the 6/16/15 document states that there is no evidence of rotator cuff tear or sulcus weakness. The documentation does not reveal red flag pathology. Furthermore, it is not clear what conservative shoulder treatment the patient has had for the left shoulder to date. The request for an MRI to the left shoulder is not medically necessary.

Magnetic resonance imaging (MRI) to the left shoulder Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) - Magnetic resonance imaging (MRIs).

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

Decision rationale: Magnetic resonance imaging (MRI) to the left shoulder Qty: 1.00 is not medically necessary per the MTUS and the ODG Guidelines. The ACOEM MTUS Criteria state that the primary 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 Raynaud'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). The ODG states that criteria for a shoulder MRI are acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; subacute shoulder pain, suspect instability/labral tear; repeat MRI is not routinely recommended, and should be reserved for a significant change in

symptoms and/or findings suggestive of significant pathology. The documentation indicates that the patient has had radiographs of the left shoulder which demonstrate type 2 acromial morphology and AC arthrosis which were deemed prexistant to the patient's injury. The patient is over 40 and physical exam findings reveal a suspicion for impingement pathology however the 6/16/15 document states that there is no evidence of rotator cuff tear or sulcus weakness. The documentation does not reveal a red flag pathology. Furthermore, it is not clear what conservative shoulder treatment the patient has had for the left shoulder to date. The request for an MRI to the left shoulder is not medically necessary.