

Case Number:	CM15-0145432		
Date Assigned:	08/06/2015	Date of Injury:	04/23/2000
Decision Date:	09/09/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/27/2015

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, North Carolina
 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 36 year old female, who sustained an industrial injury on 4-23-00. The diagnoses have included cervical strain with radicular complaints, tendinitis of the left shoulder with impingement syndrome, and thoracic strain. Treatment to date has included medications, activity modifications, and diagnostics, left shoulder surgery in 2001, chiropractic, other modalities and home exercise program (HEP). Currently, as per the physician progress note dated 6-16-15, the injured worker complains of neck pain that radiates to the left shoulder and shoots into the tips of the fingers and into the left upper extremity. The left shoulder pain is improving but continues to have popping and pain in the joint. There is also grinding with motion and she cannot go above shoulder level. There are also complaints of knots in the mid back with stiffness and pain. The diagnostic testing that was performed included X-rays of the left shoulder. There is no previous diagnostic reports noted and no previous chiropractic sessions noted. The current medications were not noted. The objective findings reveal impingement syndrome of the left shoulder and tenderness to the cervical and thoracic spine. There is positive Tinel and Phalen sign bilaterally. The physician requested treatments included Magnetic Resonance Imaging (MRI) cervical spine and Magnetic Resonance Imaging (MRI) left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: CA MTUS/ACOEM Guidelines states that criteria for ordering imaging studies include 1) emergence of a red flag, 2) physiologic evidence of tissue insult or neurologic dysfunction, 3) failure to progress in a strengthening program intended to avoid surgery and 4) clarification of anatomy prior to surgery. In this case, the patient meets none of these criteria to warrant an MRI of the cervical spine. There is no evidence of a previous MRI being ordered (date of injury in 2000). There is also no documentation suggesting a significant change in symptoms or physical findings suggestive of new pathology which would warrant an MRI. Therefore the request is not medically necessary or appropriate.

MRI left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: CA MTUS/ACOEM state that for most patients with shoulder problems, special studies are not needed unless a 4-6 week period of conservative care and observation fails to improve symptoms. In this case, the patient's date of injury was in 2000 followed by left shoulder surgery in 2001. Any recent conservative care for left shoulder pain and decreased function, including physical therapy, medications and chiropractic care are not documented. There are no red flags present and no significant changes in symptoms or signs suggesting new pathology that would warrant a repeat MRI of the left shoulder. Therefore the request is deemed not medically necessary or appropriate.