

Case Number:	CM15-0149773		
Date Assigned:	08/13/2015	Date of Injury:	01/22/2003
Decision Date:	09/10/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	08/03/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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:

The injured worker is a 58 year old female who sustained an industrial injury on 1-22-03. Her initial complaints and the nature of the injury are unavailable for review. The orthopedic noted dated 6-18-15 gives the injured worker diagnoses of cervical spine strain, cervical radicular syndrome, cervical disc protrusion at C2-3, C3-4, C5-6, and C6-7 with degenerative joint and degenerative disc disease, bilateral de Quervain's tenosynovitis and wrist tendinitis, status-post left carpal tunnel release 8-29-03, status-post right carpal tunnel release 4-9-04, lumbar radiculopathy, lumbar disc herniation at L5-S1 with degenerative retrolisthesis at L5-S1, right rotator cuff tendinitis and impingement syndrome with partial thickness rotator cuff tear, and status-post straining injury to the right elbow. Her complaints on the 6-18-15 visit were "continued flare-ups" of the cervical spine and a recently noted possible soft mass. The injured worker was instructed on soft tissue modalities, exercise, and participation in activity as tolerated, as well as to take her medications as prescribed. Treatment recommendations were for ongoing pain management with a pain management specialist, a third lumbar epidural injection, which was first requested on 2-26-15, and an MRI of the right trapezius and shoulder girdle for evaluation of soft tissue mass. The MRI would "help guide treatment". In July 2015, the injured worker complained of "increased discomfort" in the right shoulder with increased use. Treatment recommendations were the same as in June 2015, with the addition of physical therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Trapezius/Shoulder Girdle: 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): 209.

Decision rationale: According to MTUS guidelines, MRI of the shoulder is indicated in case of tumor, infection, ligament instability and rotator cuff injury. There is no clinical evidence or documentation of one of the above diagnosis. Therefore, MRI of the right Trapezius/Shoulder Girdle is not medically necessary.