

Case Number:	CM15-0166631		
Date Assigned:	09/04/2015	Date of Injury:	07/29/2014
Decision Date:	10/08/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/25/2015

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:

The injured worker is a(n) 45 year old male, who sustained an industrial injury on 7-29-14. He reported injury to the right shoulder after falling from a ladder. The injured worker was diagnosed as having cervical strain, thoracic strain and right shoulder strain. Treatment to date has included a right shoulder sling and Anaprox. On 7-21-15 the treating physician noted decreased right shoulder range of motion and tenderness in the acromioclavicular joint. As of the PR2 dated 7-29-15, the injured worker reports significant increase in right shoulder pain after the needle for the MR arthrogram was inserted into his shoulder on 7-27-15 and has remained since. He rates his pain a 5-6 out of 10. The treating physician noted diminished light touch sensation in the right lateral shoulder. The treating physician requested a cervical MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The patient presents on 07/29/15 with unrated pain in the right shoulder/arm, upper back, and neck. The patient's date of injury is 07/29/14. Patient has no documented surgical history directed at these complaints. The request is for MRI (Magnetic Resonance Imaging) Of The Cervical Spine. The RFA is dated 07/29/15. Physical examination dated 07/29/15 reveals decreased sensation in the lateral aspect of the right shoulder, and decreased sensation the thumb, "short" tip, and "long" tip. The patient's current medication regimen is not provided. Per 07/29/15 progress note patient is currently advised to remain off work for 6 weeks. MTUS/ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRIs are indicated only if there has been progression of neurologic deficit." In regard to the request for an MRI of the cervical spine, treater has not provided a reason for the request or evidence of progressive neurological deficit. In this case, the patient presents with significant chronic pain in the right shoulder with decreased sensation in several fingers of the right hand. However, there is no indication that the numbness in the right upper extremity is cervical in origin, as this patient returns for visit following MR arthrogram complaining that the needle insertion during the study significantly exacerbated his shoulder pain. The physical examination focuses on the right shoulder complaint, and this patient has no significant history of cervical spine surgery - though it is stated that the patient is interested in shoulder surgery. While this patient does have a diagnosis of cervical sprain/strain, without documentation of progressive neurological deficit or other red flags which are clearly indicative of ongoing cervical pathology, MRI imaging cannot be substantiated. The request is not medically necessary.