

Case Number:	CM15-0167757		
Date Assigned:	09/08/2015	Date of Injury:	02/15/2015
Decision Date:	10/13/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/26/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 44 year old female who sustained a work related injury February 15, 2015. While trying to lift a patient, she developed pain in her neck, back, right shoulder and arm. She underwent x-rays of the right arm and hand, and received medication and an initial course of physical therapy for the right shoulder, 8 sessions. In March of 2015, she underwent x-rays of the neck, back, and bilateral upper extremities and underwent physical therapy five times a week for four weeks (20 sessions). In June 2015, she was referred to a chiropractor for evaluation. On July 9, 2015, the injured worker underwent electrodiagnostic studies which revealed electrophysiological evidence of right mild carpal tunnel syndrome. According to a primary treating physician's initial consultation report, dated June 10, 2015, the injured worker presented with neck, bilateral shoulder, bilateral hands and wrist, thoracic spine, and lower back pain. She reports continuous episodes of anxiety and stress due to chronic pain. Current medication included ibuprofen and Hydrocodone. Objective findings included; 5' and 159 pounds; cervical spine- tenderness and spasm and hypomobility present over the vertebral regions from C1-C7; shoulder depression test positive bilaterally, cervical compression, distraction, Valsalva and Soto-Hall orthopedic tests are negative; shoulder and arms-antalgic position of the right shoulder, tenderness and myospasm present, Hawkin's positive, apprehension Gerber's lift-off sign, Empty Can and Speeds orthopedic tests are negative, range of motion of the shoulders are decreased and painful; wrists and hands- Tinell's positive both wrists, Finkelstein's positive at the left, Phalen's and reverse Phalen's positive at the left wrist; thoracic spine-positive Kemp's bilaterally; lumbar spine-Milgram's test positive. Diagnoses are cervical spine myofascitis;

cervical facet induced versus discogenic pain; thoracic sprain, strain and myofascitis; lumbar myofascitis; bilateral shoulder sprain, strain; bilateral shoulder tenosynovitis-bursitis, rule out rotator cuff tear. At issue, is the request for authorization for an MRI, bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI -Bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic Resonance Imaging.

Decision rationale: The MTUS is silent with regard to specific indications for shoulder MRI. Per the ODG guidelines: Indications for imaging- Magnetic resonance imaging (MRI): 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. (Mays, 2008) Per the medical records, the injured worker has bilateral shoulder pain, reduced range of motion, and positive Hawkins' on the right. She has previously undergone X-ray of the bilateral upper extremities 3/2015, and electrodiagnostic studies 7/2015. The criteria cited above have not been met. The request is not medically necessary.