

Case Number:	CM15-0168660		
Date Assigned:	09/09/2015	Date of Injury:	05/16/2002
Decision Date:	10/08/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/27/2015

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: Arizona, California
 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:

This injured worker is a 61 year old male who reported an industrial injury on 5-16-2002. His diagnoses, and or impression, were noted to include: cervical degenerative disc disease, status-post multiple fusions and failed neck syndrome; cervical facet arthropathy; tinnitus, bruxism and temporal mandibular joint; bilateral hemi-fascial spasm; right middle, ring and little trigger finger; and opioid drug dependence. No current imaging studies were noted. Toxicology studies were noted on 5-18-2015. His treatments were noted to include: cervical fusion surgeries (2004, 2010 & 2012); medication management with toxicology studies and the weaning of medications; and a return to normal duty work with the injured worker noted not working. The progress notes of 7-22-2015 reported complaints which included: pain, with burning sensation, in the right shoulder; that he used to take Oxycodone for breakthrough pain in the past; and that he was taking a reduced dose of Suboxone. Objective findings were noted to include: no apparent acute distress or signs of withdrawal; limited extension and rotation of the neck with elicited pain from deep palpation of the right shoulder; and decreased Jamar grip strength on the right. The physician's requests for treatments, at this visit, were noted to include magnetic resonance imaging studies of the right shoulder. The Utilization Review of 8-18-2015 non-certified the request for magnetic resonance imaging studies of 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 Shoulder): 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): 214.

Decision rationale: According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. The claimant did not have acute rotator cuff tear findings. There was no plan for surgery. The MRI request of the shoulder is not medically necessary.