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| Case Number: | CM15-0169376 | | |
| Date Assigned: | 09/10/2015 | Date of Injury: | 09/16/1995 |
| Decision Date: | 10/14/2015 | UR Denial Date: | 08/04/2015 |
| 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: 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:

This 55 year old female sustained an industrial injury on 7-23-05. Documentation indicated that the injured worker was receiving treatment for chronic cervical spine pain and bilateral shoulder pain. Previous treatment included bilateral shoulder surgery, home exercise, transcutaneous electrical nerve stimulator unit and medications. Magnetic resonance imaging cervical spine (8-13-14), showed multilevel disc desiccation with broad based disc protrusion and degenerative changes with stenosis. In a PR-2 dated 1-27-15, the injured worker reported increasing numbness in both arms with radiation. The physician stated that the injured worker would need neck surgery. In the most recent documentation submitted for review, a PR-2 dated 6-3-15, the injured worker complained of continued pain in the neck, shoulders and hands, rated 10 out of 10 on the visual analog scale without medications and 6 out of 10 with medications. The injured worker reported that the neck had been so tight that it was hard to turn. Physical exam was remarkable for cervical spine with "decreased and painful range of motion", tenderness to palpation over the facet joints and cervico-trapezial ridge with muscle spasms, bilateral shoulders with a healed anterior incision, forward flexion to 160 degrees and abduction to 140 degrees and right wrist with positive Tinel's, Phalen's and Durkin's compression tests. The treatment plan included continuing use of transcutaneous electrical nerve stimulator unit and heat at home, continuing home exercise, continuing medications (Vimovo, Tylenol #3, Flexeril and cream) and requesting a right wrist brace. On 8-5-15, a request for authorization was submitted for magnetic resonance imaging cervical spine. On 8-13-15, Utilization Review noncertified a request for magnetic resonance imaging cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: The ACOEM chapter on shoulder complaints and imaging states: Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems), Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon), Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). The review of the provided medical records does not show the patient to meet these criteria and therefore the request is not medically necessary.