

Case Number:	CM15-0180643		
Date Assigned:	09/22/2015	Date of Injury:	04/02/2001
Decision Date:	10/30/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/14/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year old female, who sustained an industrial injury on 04-02-2001. She has reported injury to the neck and left shoulder. The injured worker has been treated for chronic neck pain; cervical radiculopathy; trapezial, paracervical, and parascapular strain; left shoulder impingement; bilateral forearm tendinitis; and rule out left thoracic syndrome.

Treatments have included medications, diagnostics, acupuncture, chiropractic therapy, physical therapy, home exercise program, and surgical intervention. Medications have included Percocet, Flexeril, and Motrin. Surgical intervention has included C5-C6 discectomy and fusion; left carpal tunnel release with ulnar nerve decompression at the wrist; and right carpal tunnel release. It is noted in the submitted documentation that acupuncture, chiropractic treatments, and physical therapy have helped decrease her pain in the past. A progress report from the treating physician, dated 08-18-2015, documented an evaluation with the injured worker. The injured worker reported continued pain in the left neck and shoulder; and she is working light duties. Objective findings included slight trapezial and paracervical tenderness on the left; there is mild swelling and tenderness over the left brachial plexus; Spurling's test is weakly positive on the left; there is mild stiffness in the left shoulder with pain on range of motion; the impingement sign is positive at the left shoulder; and the Tinel's sign and Phalen's test are negative at the carpal tunnels bilaterally. The provider noted that the injured worker "continues with evidence of left rotator cuff pathology in addition to cervical radiculopathy and possible thoracic outlet syndrome"; and "she does require an updated MRI scan to evaluate the rotator cuff and to help determine where most of her symptoms are coming from". The treatment plan has included the request for MRI of the left shoulder. The original utilization review, dated 09-03-2015, non-certified the request for MRI of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Shoulder (Acute & Chronic), Section: Magnetic resonance imaging (MRI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, MRI.

Decision rationale: Key review points are as follows. The claimant was injured in 2001 with chronic neck pain; cervical radiculopathy; trapezial, paracervical, and parascapular strain; left shoulder impingement; bilateral forearm tendinitis; and rule out left thoracic syndrome. As of August, there was still pain in the left neck and shoulder. The impingement sign was positive at the left shoulder. The patient continues with evidence of left rotator cuff pathology in addition to cervical radiculopathy and possible thoracic outlet syndrome. The MTUS was silent on shoulder MRI. Regarding shoulder MRI, the ODG notes it is indicted for acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs OR for sub acute shoulder pain, suspect instability/labral tear. It is not clear what orthopedic signs point to a suspicion of instability or tearing, or if there has been a significant progression of objective signs in the shoulder to support advanced imaging now 14 years post injury. The request is appropriately non-certified.