

Case Number:	CM15-0182501		
Date Assigned:	09/23/2015	Date of Injury:	06/30/2015
Decision Date:	11/12/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/16/2015

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: Pennsylvania, Ohio, 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:

This 63 year old female sustained an industrial injury on 6-30-15. Documentation indicated that the injured worker was receiving treatment for headaches and sprain and strain of the neck, back, bilateral shoulder, left wrist and bilateral knees. Previous treatment included physical therapy, chiropractic therapy, cervical collar and medications. In a PR-2 dated 8-7-15, the injured worker complained of pain to the posterior head, neck, low back, mid back, bilateral shoulders, left wrist and bilateral knees. The injured worker also complained of headaches. The injured worker stated that her pain was improving slightly with chiropractic therapy. Physical exam was remarkable for cervical spine with tenderness to palpation, less hypertonic paraspinal musculature, improved range of motion, positive compression test, positive shoulder distraction and 3 out of 5 upper extremity strength, and right shoulder with tenderness to palpation, range of motion: abduction 120 degrees, flexion 120 degrees, internal rotation -30 degrees, external rotation 50 degrees, extension -15 degrees and adduction -10 degrees and positive Appley's scratch and Apprehension tests. The physician stated that the injured worker's response to chiropractic therapy, physical therapy and therapeutic exercise had been satisfactory with improved pain levels, duration of pain and range of motion. The treatment plan included acupuncture twice a week for two weeks on a trial basis and requesting authorization for magnetic resonance imaging lumbar spine, cervical spine, bilateral shoulders and bilateral knees due to ongoing radiating pain, discomfort, electromyography, and nerve conduction velocity test bilateral upper extremities. On 9-9-15, Utilization Review noncertified a request for magnetic resonance imaging right shoulder without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging), Right Shoulder without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.
Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (Acute & Chronic) - Magnetic resonance imaging (MRI).

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

Decision rationale: ACOEM guidelines do not recommend relying primarily on imaging studies to evaluate the source of shoulder symptoms given the risk of false positive findings. At this time, the records do not provide a clear differential diagnosis to provide a clinical rationale and clinical decision pathway to support the requested shoulder imaging. Therefore, this requested study is not medically necessary.