

Case Number:	CM15-0184747		
Date Assigned:	09/25/2015	Date of Injury:	10/16/2014
Decision Date:	11/02/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/21/2015

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

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 62 year old female, who sustained an industrial injury on October 16, 2014. The injured worker was diagnosed as having cervical strain with radiculopathy with the right more than the left and bilateral shoulder strain with rule out rotator cuff tendinopathy and tear. Treatment and diagnostic studies to date has included physical therapy, chiropractic therapy, medication regimen, magnetic resonance imaging of the cervical spine, and status post two injections to the neck. In a primary treating physician's initial evaluation dated August 19, 2015 the evaluating physician reports complaints of pain to the neck with the right greater than the left that radiates to the occipital region, trapezius region, right scapular region, the shoulder region with intermittent muscle spasms and pain to the bilateral shoulders with the right greater than the left. Examination performed on August 19, 2015 was revealing for decreased muscle strength to the right shoulder, "moderate" muscle spasms to the paracervical muscles with the right greater than the left, decreased range of motion to the cervical spine, positive Spurling's testing on the right with pain, "mild" tenderness to the acromioclavicular joint, "mildly" positive impingement testing to the left shoulder, "slight" tenderness to the right acromioclavicular joint, positive impingement testing to the right shoulder, and decreased range of motion to the right shoulder. The evaluating physician did not indicate the injured worker's numeric pain level as rated on a visual analog scale. On August 19, 2015, the evaluating physician noted magnetic resonance imaging of the cervical spine performed on May 21, 2015 that was revealing for posterior disc protrusions at cervical five to six and cervical six to seven with narrowing of the inner space and slight reversal of the normal lordotic curvature. On

August 19, 2015 the evaluating physician requested magnetic resonance imaging of the bilateral shoulders to rule out rotator cuff tear with the evaluating physician noting that the injured worker "failed conservative treatment (physical therapy and brief chiropractic therapy) thus far after the injury which was in October of 2014". On September 08, 2015, the Utilization Review determined the requests for magnetic resonance imaging of the right shoulder and magnetic resonance imaging of the left shoulder was non-approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right shoulder: Overturned

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: MTUS Guidelines allow for shoulder MRI studies if there is persistent shoulder pain/symptoms that do not resolve with reasonable conservative care. This individual meets these criteria. There is documented shoulder joint tenderness, positive impingement signs, and diminished ROM that have not improved with conservative care. Shoulder and cervical symptoms can overlap and at this point in time, MRI studies to rule out significant shoulder pathology is consistent with Guideline recommendations. The request for the MRI right shoulder is medically necessary.

MRI of left shoulder: Overturned

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: MTUS Guidelines allow for shoulder MRI studies if there is persistent shoulder pain/symptoms that do not resolve with reasonable conservative care. This individual meets these criteria. There is documented shoulder joint tenderness and positive impingement signs that have not improved with conservative care. Shoulder and cervical symptoms can overlap and at this point in time, MRI studies to rule out significant shoulder pathology is consistent with Guideline recommendations. The request for the MRI left shoulder is medically necessary.