MAXIMUS Federal Services

Case Number:	CM15-0185717		
Date Assigned:	09/25/2015	Date of Injury:	07/09/2014
Decision Date:	11/03/2015	UR Denial Date:	08/21/2015
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: 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:

The injured worker is a 53-year-old male, who sustained an industrial injury on 7-9-14. The documentation on 8-12-15 noted that the injured worker has complaints of throbbing headaches that radiates to the back of both shoulders and complaints of neck pain that radiates to the left hand with tingling and weakness, associated with looking up and looking sown and sitting. The injured worker has complaints of upper back pain and lower back pain that radiates to the right foot with numbness, tingling and weakness associated with sitting, standing, walking bending, twisting and stooping. The injured worker has complaints of right shoulder pain that radiates to right hand with tingling and weakness and complaints of mild left shoulder pain; left elbow pain; left forearm pain and left wrist and hand pain. Cervical spine examination reveals there is tenderness to palpation of the C4-C7 spinous processes, cervical paravertebral muscles, right trapezius, spinous processes and suboccipitals and there is muscle spasm of the cervical paravertebral muscles. Thoracic spine examination reveals tenderness to palpation of the T10-T11 spinous process, T11-T12 spinous process, T6-T7 spinous process, T7-T8 spinous process, T8-T1 spinous process, T8-T11 spinous process, T8-T12 spinous processes, T8-T9 spinous process, T9-T10 spinous process and thoracic paravertebral muscles. Right shoulder examination reveals decreased range of motion and tenderness to palpation of the acromioclavicular joint, anterior shoulder, lateral shoulder, rhomboid and supraspinatus. The impingement test is positive on the right. The diagnoses have included lumbosacral sprain and strain; sprain of neck and right shoulder sprain and strain. Treatment to date has included acupuncture; massage; naproxen; omeprazole; cyclobenzaprine and topical compound cream. The original utilization review (8-21-15) non-certified the request for magnetic resonance imaging (MRI) 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: Decision based on MTUS Shoulder Complaints 2004.

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

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 claimant had clinical findings consistent with impingement, carpal tunnel or adhesive capsulitis, which does not necessitate an MRI. The MRI request of the shoulder is not medically necessary.