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| Case Number: | CM15-0186686 | | |
| Date Assigned: | 09/28/2015 | Date of Injury: | 04/05/2011 |
| Decision Date: | 11/03/2015 | UR Denial Date: | 09/15/2015 |
| Priority: | Standard | Application Received: | 09/22/2015 |

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 49 year old female, who sustained an industrial injury on April 5, 2011. The injured worker was diagnosed as having status post bilateral shoulder arthroscopic subacromial decompression and recurrent right shoulder rotator cuff tear, status post-surgery. Treatment to date has included diagnostic studies, physical therapy (unknown amount), medications and work restrictions. Evaluation on March 3, 2015, revealed increasing right shoulder pain, improving left shoulder pain status post-surgical intervention and physical therapy, lumbar spine pain and fibromyalgia symptoms. Examination of the right shoulder demonstrated limited range of motion and positive impingement. The left shoulder exam demonstrated improving range of motion and negative impingement. The physician noted "At this point I am recommending proceeding with right shoulder arthroscopic subacromial decompression and revision for persistent pain and dysfunction of the right shoulder. The risks, benefits, and complications were discussed, and the patient understands and consents". Evaluation on May 21, 2015, revealed continued positive impingement of the right shoulder and bilateral shoulder limited range of motion. Evaluation on August 26, 2015, revealed she was now having relatively severe and increasing cervical pain. It was noted the shoulder symptoms remained unchanged. It was noted there was diffuse tenderness and limited range of motion. A cervical MRI was recommended. The RFA included a request for Updated cervical spine MRI no contrast and was non-certified on the utilization review (UR) on September 15, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Updated cervical spine MRI no contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG) Treatment in Workers' Compensation, 13th Edition, 2015, Neck and Upper Back (Acute & Chronic) Chapter (1/28/15).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary.

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. The claimant had an MRI in 2013 but results were not noted. The exam only indicated reduced cervical range of motion without any other red flags. The request for a repeat MRI of the cervical spine is not medically necessary.