

Case Number:	CM15-0197948		
Date Assigned:	10/13/2015	Date of Injury:	12/28/2013
Decision Date:	11/30/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/08/2015

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, Illinois

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 45 year old female who sustained an industrial injury on 12-28-13. Diagnoses are noted as right shoulder status post surgery with residual pain and lumbar facet syndrome. In an orthopedic consultation dated 9-10-15, the physician notes complaints of low back, right shoulder, and right upper arm pain with associated symptoms of numbness, tingling and weakness in the arms, hands, legs and feet. Pain is rated at 7 out of 10. Depression and anxiety is also reported. Examination reveals acromioclavicular joint prominence on the right side and tenderness to palpation over the tip of the acromion and mid and anterior portion of the rotator cuff on the right. Right shoulder range of motion is reported in degrees as abduction 130, forward flexion 130, internal rotation 45, external rotation 30, and extension 20. Examination of the lumbar spine revealed decreased lumbar lordosis, tenderness to palpation over the lumbar spinous processes from L4 through S1, posterior superior iliac spine, lumbar paravertebral musculatures and sacroiliac joint bilaterally. Decreased lumbar spine range of motion due to pain is noted. Straight leg raise is positive on the right at 80 degrees. It is noted she had shoulder surgery but has residual pain, which it “would be important to determine if there is any significant problem left in the shoulder”, and will obtain an MRI of the lumbar spine and x-rays of the lumbar spine to establish if the problem is related to the facet syndrome. It is reported that she is currently working. Previous treatment included physical therapy, chiropractic therapy, injections. (2-18-15), and shoulder surgery (6-9-14). A request for authorization is dated 9-10-15. The requested treatment of MRI-lumbar spine and MRI-right shoulder was denied on 9-23-15.

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): Special Studies.

Decision rationale: The injured worker sustained a work related injury on 12-28-13. The medical records provided indicate the diagnosis of right shoulder status post surgery with residual pain and lumbar facet syndrome. Treatments have included right shoulder surgery, one week of physical therapy. The medical records provided for review do not indicate a medical necessity for MRI right shoulder. The medical record of 07/2015 indicates the injured worker is not interested in surgery. The MTUS does not recommend MRI except in the presence of red flag or for clarification of anatomy for surgical planning. The MTUS states as follows: Cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Suspected acute tears of the rotator cuff in young workers may be surgically repaired acutely to restore function; in older workers, these tears are typically treated conservatively at first. Partial-thickness tears should be treated the same as impingement syndrome regardless of magnetic resonance. Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems). Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon). Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). Therefore considering this injured worker does not meet the requirements for MRI of the shoulder, MRI is not medically necessary.

MRI Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: The injured worker sustained a work related injury on 12-28-13. The medical records provided indicate the diagnosis of right shoulder status post surgery with residual pain and lumbar facet syndrome. Treatments have included right shoulder surgery, one week of physical therapy. The medical records provided for review do not indicate a medical necessity for MRI right shoulder MRI Lumbar spine. The medical records do not indicate the injured worker has unequivocal findings of neurological disorders in the lower limb examination. In the absence of unequivocal neurological findings or findings of red flags, the MTUS does not recommend MRI of the Lumbar spine. Therefore the request is not medically necessary.

