

Case Number:	CM15-0199009		
Date Assigned:	10/14/2015	Date of Injury:	11/17/2014
Decision Date:	11/25/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/09/2015

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, Texas

Certification(s)/Specialty: Internal 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 32 year old male who sustained an industrial injury November 17, 2014. Past history included right shoulder arthroscopic acromioplasty, Mumford, extensive debridement SLAP repair, March 25, 2015. As of June 23, 2015, he has completed (6) sessions out of (24) of physical therapy. According to a primary treating physician's progress report dated August 25, 2015, the injured worker presented with complaints of severe right shoulder pain, rated 8 out of 10, which radiates into the neck, arm, fingers and back associated with swelling, clicking, locking burning pain, weakness and numbness. The symptoms are aggravated by pushing, pulling, lifting and repetitive use and improved with ice and no activity. Objective findings included; right shoulder-right upper trapezius pain radiates to the right side of the neck, no swelling or effusion, tenderness over the anterior joint line, anteriorly, posteriorly, and laterally; range of motion right flexion 90 degrees, abduction 75 degrees; sensation intact on the right. The physician documented an MRI of the right shoulder dated January 22, 2015, shows AC (acromioclavicular) joint degenerative joint disease, rotator cuff tendinosis, tear to the superior posterior labrum with 2 x 1.2cm para labral cyst; type II acromion. Diagnoses are status post right shoulder surgery; possible c-spine herniated nucleus pulposus. Treatment plan included recommendation for an MRI arthrogram of the right shoulder and at issue, a request for authorization dated August 31, 2015, for an MRI of the cervical spine. According to utilization review dated September 8, 2015, the request for an MRI, Cervical Spine is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the ACOEM criteria for ordering an MRI for cervical pain is emergence of a red flag (suspicion of a tumor, infection, fracture or dislocation), physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure. When the neurologic exam is not definitive further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. An EMG or NCS can obtain such information. In this case the primary treating physician does not document a neurological exam consistent with significant dysfunction that would indicate a red flag. There is no surgical intervention planned and the injured worker is not participating in a strengthening program. An MRI of the cervical spine is not medically necessary.