

Case Number:	CM15-0199528		
Date Assigned:	10/14/2015	Date of Injury:	09/29/2012
Decision Date:	11/24/2015	UR Denial Date:	09/11/2015
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: 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 51 year old male who sustained an industrial injury on 09-29-2012. Medical records indicated the worker was treated for refractory range of motion right shoulder status post right shoulder surgery 02-02-2015. Other diagnoses include cervical spondylosis, cervical radiculopathy, right lumbar radiculopathy, electro diagnostically positive, adhesive capsulitis right shoulder. In the provider notes of 08-12-2015 the injured worker is status post right shoulder surgery 0-02-2015. Treatment has included 12 sessions physical therapy which helped diminish the pain yet the range of motion remains essentially unchanged. Range of motion is refractory to injection, postop physical therapy, home exercise, activity modifications, non-steroidal anti- inflammatories, and ice. The worker complains of right shoulder pain rated a 7 on a scale of 0-10, and low back pain with right greater than left lower extremity symptoms rated a 6 on a scale of 0-10, Cervical pain with right greater than left upper extremity symptoms is rated a 5 on a scale of 0-10, and left wrist pain is rated a 5 on a scale of 0-10. He takes hydrocodone 10 mg daily and denies side effects. On exam (08-12-2015) the right shoulder shows no signs of infection. Flexion is diminished at 90 degrees, abduction is 90 degrees, external rotation 40 degrees, internal rotation 40 degrees, and there is atrophy of the right distal musculature. There is tenderness of the lumbar and cervical spine. Treatment plans include shockwave therapy for the right shoulder, continuation of postoperative physical therapy right shoulder; continue psychiatric follow-up, and request an updated MRI lumbar spine. A request for authorization was submitted for a MRI of the Cervical Spine A utilization review decision 09-11-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. Other criteria for special studies include the emergence of a red flag, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. In this case, the injured worker is noted to have cervical pain with right greater than left with upper extremity pain rated as a 5 on a scale of 0-10, and left wrist pain is rated a 5 on a scale of 0-10. There is no evidence that there has been physical therapy directed at the cervical spine and there is no indication of upcoming surgery. There are no signs of concern for red flags; therefore, the request for MRI of the cervical spine is determined to not be medically necessary.