

Case Number:	CM15-0209106		
Date Assigned:	10/28/2015	Date of Injury:	08/06/2015
Decision Date:	12/10/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/23/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 57 year old woman sustained an industrial injury on 8-6-2015. Diagnoses include cervical spine sprain-strain with radiculitis and rule out herniated disc; bilateral shoulder sprain-strain rule out tendonitis, impingement syndrome and rotator cuff tear; bilateral wrist and hand sprain-strain rule out tendonitis and carpal tunnel syndrome; insomnia; anxiety; and depression. Treatment has included oral medications and physical therapy. Physician notes from the orthopedist dated 10-2-2015 show complaints of bilateral arm pain rated 3 out of 10 with weakness and numbness, bilateral wrist pain rated 7 out of 10 with numbness and tingling, and bilateral hand pain rated 7 out of 10 with numbness and tingling. The physical examination shows cervical spine range of motion forward flexion 45 out of 50 degrees, extension 55 out of 60 degrees, bilateral rotation is 60 out of 60 degrees, bilateral bending is 30 out of 30 degrees. Cervical spine palpation shows tightness, spasm, and muscle guarding, tenderness of spinal processes, positive Spurling's test and foramina compression test. Range of motion of the shoulders is noted as flexion 145 degrees, extension 25 degrees, abduction 150 degrees, adduction 30 degrees, internal rotation is 45 degrees, and external rotation 65 degrees. Tenderness is noted bilaterally to the greater tuberosities, acromioclavicular joint rotator cuff muscles, supraspinatus, and infraspinatus muscles. Subacromial grinding and clicking is noted bilaterally and there is a positive impingement test bilaterally. Muscle strength is noted to be 3 out of 5 on the right and 4 out of 5 on the left. Reflexes biceps, triceps, and supinator muscles are 1+ and symmetric. Recommendations include electromyogram and nerve conduction studies of the bilateral upper extremities, cervical spine MRI, bilateral shoulder MRIs, bilateral wrist MRIs, continue use of right wrist brace, physical therapy, Voltaren, Prilosec, Fexmid, Ultracet, and follow up in six weeks. Utilization Review denied a request for bilateral shoulder MRIs on 10- 12-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging), left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder-MRI.

Decision rationale: MRI (magnetic resonance imaging), left shoulder is not medically necessary per the MTUS and the ODG Guidelines. The ACOEM MTUS Criteria state that the primary criteria for ordering imaging studies are: 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). The ODG states that criteria for a shoulder MRI are acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40 with normal plain radiographs; subacute shoulder pain, suspect instability/labral tear; repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The documentation reveals that the patient is over 40 and has positive bilateral impingement signs, however there are no red flag findings or suspicion of instability, or prior shoulder radiographs ordered. Therefore this request is not medically necessary.

MRI (magnetic resonance imaging), right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder-MRI.

Decision rationale: MRI (magnetic resonance imaging), right shoulder is not medically necessary per the MTUS and the ODG Guidelines. The ACOEM MTUS Criteria state that the primary criteria for ordering imaging studies are: 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). The ODG states that criteria for a shoulder MRI are acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40 with normal plain radiographs; subacute shoulder pain, suspect instability/labral tear; repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The documentation reveals that the patient is over 40 and has positive bilateral impingement signs, however there are no red flag findings or suspicion of instability, or prior shoulder radiographs ordered. Therefore this request is not medically necessary.