

Case Number:	CM15-0209838		
Date Assigned:	10/28/2015	Date of Injury:	09/13/2012
Decision Date:	12/10/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/26/2015

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 57 year old female who sustained an industrial injury September 3, 2012. Past history included cervical decompression and fusion, C3-C7 2012. According to a physician's progress report dated July 13, 2015, the injured worker presented with intermittent pain in the cervical spine, rated 5 out of 10, that is aggravated by repetitive motions of the neck, pushing pulling and lifting with radiation of pain into the upper extremities. She reported associated headaches, migraine in nature as well as tension between the shoulder blades. Objective findings included; positive signs of right shoulder impingement; cervical- palpable tenderness with spasm, positive axial loading compression test, positive Spurling's maneuver, range of motion limited by pain, sensation and strength normal. Diagnoses are cervicgia; right shoulder pain, hip pain, foot pain; right wrist carpal tunnel syndrome Treatment plan included refill of medications and an injection of Celestone Lidocaine and Marcaine into the right shoulder with immediate relief. At issue, is a request for authorization dated September 18, 2015 for an MRI of the right shoulder. Reports of an MRI of the cervical spine and an MRI of the brain dated September 4, 2015, are present in the medical record. According to utilization review dated October 1, 2015, the request for an MRI of the right shoulder is non-certified.

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 MTUS Guidelines recommend MRI of the shoulder for preoperative evaluation of partial thickness or large full thickness rotator cuff tears. Arthrography is an option for preoperative evaluation of small full thickness tears or labral tears. The MTUS Guidelines do not recommend MRI for shoulder impingement resulting from chronic rotator cuff degenerative changes or exacerbations from repeated overhead work. Routine MRI or arthrography for evaluation without surgical indications is not recommended. In this case, there is no documented indication for a shoulder MRI. There is no evidence of red flags or significant objective findings that would warrant a shoulder MRI. The request for MRI right shoulder is not medically necessary.