

Case Number:	CM15-0024127		
Date Assigned:	02/13/2015	Date of Injury:	04/02/2013
Decision Date:	04/02/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/09/2015

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: Physical Medicine & Rehabilitation

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 40-year-old female who sustained an industrial injury on 04/02/2013. Current diagnoses include cervicalgia, pain in joint shoulder, and disturbance skin sensation. Previous treatments included medication management. Report dated 12/11/2014 noted that the injured worker presented with complaints that included sharp pains in the left side of the neck, range of motion is limited in the right shoulder, and numbness in the right arm has improved. Medication regimen included Norco, Soma, ibuprofen, allergy pills, and Xanax. Physical examination was not provided for this date of service. Utilization review performed on 01/19/2015 non-certified a prescription for MRI of the right shoulder, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Shoulder: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI).

Decision rationale: The patient presents with pain on her neck radiating to right shoulder and upper back. The request is for MRI RIGHT SHOULDER. The request for authorization is dated 01/12/15. Pain is rated at 7/10 and characterized as heaviness, and aggravated by exposure to cold or humid weather. Range of motion is limited in right shoulder. Per progress report dated 11/13/14, treater states both shoulder pain radiated to left fingers. Numbness in right arm has improved. Patient's medications include Norco, Soma, Ibuprofen, Allergy pills and Xanax. The patient is on modified work duty. ODG-TWC, Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) states: "Indications for imaging -- Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; 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. (Mays, 2008)"Treater has not provided reason for the request. Review of medical records, it does not appear that the patient has had a MRI performed to date. The patient's worsening symptoms and diagnosis of chronic pain warrant imaging to explain the underlying pathology. In this case, the requested diagnostic imaging appears reasonable. Therefore, the request IS medically necessary.