

Case Number:	CM15-0218420		
Date Assigned:	11/10/2015	Date of Injury:	10/07/2013
Decision Date:	12/30/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/05/2015

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, Indiana, New York
 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 51-year-old male, who sustained an industrial injury on 10-7-2013. The medical records indicate that the injured worker is undergoing treatment for possible cervical radiculopathy and possible inflammation of the right shoulder, status post-surgery. According to the progress report dated 9-18-2015, the injured worker presented with complaints of right shoulder pain with radiation down to his fingers. He denies having significant neck pain. On a subjective pain scale, he rates his pain 7 out of 10. The physical examination of the right shoulder reveals tenderness around the surgical site, full and painful range of motion, negative Neer and Hawkins impingement sign, and slight decreased sensation in the ulnar digits of the right hand. Examination of the cervical spine reveals negative Spurling's, bilaterally, no significant tenderness, and full range of motion. The current medications are Ibuprofen and Hydrocodone. Previous diagnostic studies include MRI of the right shoulder (10-29-2013). On the progress note dated 5-15-2015, the treating physician described the MRI as "partial tearing of the rotator cuff". Treatments to date include medication management, rest, ice, physical therapy, and surgical intervention. Work status is described as full duty. The original utilization review (10-8-2015) had non-certified a request for MRI of the cervical spine and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Pursuant to the Official Disability Guidelines, MRI right shoulder is not medically necessary. MRI and arthropathy have similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. The indications for magnetic resonance imaging are rated in the Official Disability Guidelines. They include, but are not limited to, acute shoulder trauma, suspect rotator cuff tear/impingement, over the age of 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. In this case, the injured worker's working diagnoses are possible cervical radiculopathy and possible inflammation status post surgery, right shoulder. Date of injury is October 7, 2013. Request for authorization is October 5, 2015. The documentation indicates the injured worker status post right shoulder arthroscopy with biceps tendon tenodesis, subacromial decompression in 2014. The injured worker completed physical therapy subsequent normal range of motion, no work restrictions and return to work. According to a September 18, 2015 progress note, the worker complains of right shoulder pain that radiates to fingers. Pains score is 7/10. Medications include ibuprofen hydrocodone as needed. Objectively, there is tenderness of the surgical site. Range of motion is full and provocative testing of the shoulder is negative. Cervical spine examination was non-tender with full range of motion. There were no neurologic deficits documented. There were no unequivocal objective findings that identify specific nerve compromise. There is no clinical indication or rationale for an MRI of the right shoulder. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, unremarkable physical examination findings with full range of motion, no neurologic deficit and negative provocative testing, and no significant change in symptoms and/or clinical objective findings suggestive of significant pathology, MRI right shoulder is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, MRI cervical spine.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, MRI cervical spine is not medically necessary. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to

warrant imaging in patients not respond to treatment and who would consider surgery an option. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness with no neurologic findings do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The criteria for ordering an MRI of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult when nerve impairment, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. In this case, the injured worker's working diagnoses are possible cervical radiculopathy and possible inflammation status post surgery, right shoulder. Date of injury is October 7, 2013. Request for authorization is October 5, 2015. The documentation indicates the injured worker status post right shoulder arthroscopy with biceps tendon tenodesis, subacromial decompression in 2014. The injured worker completed physical therapy subsequent normal range of motion, no work restrictions and return to work. According to a September 18, 2015 progress note, the worker complains of right shoulder pain that radiates to fingers. Pains score is 7/10. Medications include ibuprofen hydrocodone as needed. Objectively, there is tenderness of the surgical site. Range of motion is full and provocative testing of the shoulder is negative. Cervical spine examination was non-tender with full range of motion. There were no neurologic deficits documented. There were no unequivocal objective findings that identify specific nerve compromise. There is no clinical indication or rationale for an MRI of the cervical spine. Based on clinical information and medical record, peer-reviewed evidence-based guidelines, no unequivocal objective findings and identify specific nerve compromise and an unremarkable physical examination of the cervical spine, MRI cervical spine is not medically necessary.