

Case Number:	CM15-0031461		
Date Assigned:	02/24/2015	Date of Injury:	05/23/2013
Decision Date:	04/10/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/19/2015

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 male, who sustained an industrial injury on May 23, 2013. He has reported an injury of the neck, both shoulders and both arms. The diagnoses have included status post right shoulder surgery, chronic bilateral medial and lateral epicondylitis of the elbows, myofascial complaints of the cervical spine. Treatment to date has included electrodiagnostic studies, medications, physical therapy, and radiological imaging. Currently, the IW complains of continued shoulder and neck issues. The records indicate a magnetic resonance imaging of the shoulder done on December 16, 2014, revealed a tear of the anterior glenoid labrum and suggested a SLAP lesion. A magnetic resonance imaging of the cervical spine done on December 16, 2014, revealed mild disc bulging. On January 28, 2015, Utilization Review non-certified magnetic resonance imaging of the cervical spine, and ultrasound of the right shoulder. The ODG and ACOEM guidelines were cited. On January 28, 2015, the injured worker submitted an application for IMR for review of magnetic resonance imaging of the cervical spine, and ultrasound of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines neck and upper back (acute and chronic) chapter, magnetic resonance imaging.

Decision rationale: The patient was injured on 05/23/2013 and presents with neck pain, shoulder pain, and arm pain. The request is for an MRI of the cervical spine. The RFA is dated 01/12/2015 and the patient is currently temporarily totally disabled until 4 to 6 weeks, as of the 01/12/2015 report. The report with the request is not provided. The patient is diagnosed with status post right shoulder surgery, chronic bilateral medial and lateral epicondylitis of the elbows, myofascial complaints of the cervical spine. Treatment to date has included electrodiagnostic studies, medications, physical therapy, and radiological imaging. Regarding MRI, uncomplicated neck pain, chronic neck pain, ACOEM chapter 8 page 177 to 178 states: "Neck and upper back complaints, under special studies and diagnostic and treatment considerations: Physiologic evidence of tissue insult or neurologic dysfunction. It defines physiologic evidence as a form of "definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans." ACOEM further states that "unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist." ODG Guidelines, neck and upper back (acute and chronic) chapter, magnetic resonance imaging states: "Not recommended except for indications listed below. Indications for imaging MRI: Chronic neck pain (equals after 3 months conservative treatment), radiographs are normal, neurologic signs or symptoms present. Neck pain with radiculopathy if severe or progressive neurologic deficit." The reason for the request is not provided. The patient has had a prior MRI of the cervical spine completed on 12/16/2014 which revealed a mild disk bulging. The patient is S/P right shoulder arthroscopy/SAD/Mumford 07/16/2014. He has a restricted right shoulder range of motion and right parascapular tightness/levator cervical tension. There is no documentation of any radicular pain from the cervical spine nor is there any evidence of progressive neurologic deficit to warrant an updated MRI. ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms. In this case, the patient does not present with any red flags such as myelopathy, bowel/bladder symptoms, no radiating pain with examination that is unremarkable. The requested MRI of the cervical spine IS NOT medically necessary.

Ultrasound right shoulder: Upheld

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 chapter, Ultrasound, diagnostic.

Decision rationale: The patient was injured on 05/23/2013 and presents with neck pain, shoulder pain, and arm pain. The request is for an ultrasound of the right shoulder. The RFA is

dated 01/12/2015 and the patient is currently temporarily totally disabled until 4 to 6 weeks, as of the 01/12/2015 report. The report with the request is not provided. The patient is diagnosed with status post right shoulder surgery, chronic bilateral medial and lateral epicondylitis of the elbows, myofascial complaints of the cervical spine. Treatment to date has included electrodiagnostic studies, medications, physical therapy, and radiological imaging. The ODG Guidelines under shoulder chapter has the following regarding ultrasound of the shoulder, "recommended as an indicated below. The results of a recent review suggest that clinical examination by specialist can rule out the presence of rotator cuff tear and that either MRI or ultrasound can equally be used for detection of full thickness, rotator cuff tears, although ultrasound may be better at picking up partial tears, ultrasounds also may be more cost effective in a specialist hospital setting for identification of full thickness tears." In this case, the patient has been diagnosed with status post right shoulder surgery, chronic bilateral medial and lateral epicondylitis of the elbows, and myofascial complaints of the cervical spine. It is unclear what investigation the treating physician is trying to obtain with an ultrasound, as the report with the request is not provided and there is no discussion regarding this request. Therefore, the requested ultrasound of the right shoulder IS NOT medically necessary.