

Case Number:	CM15-0035757		
Date Assigned:	03/04/2015	Date of Injury:	11/05/2012
Decision Date:	05/15/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/25/2015

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 58 year old male patient who sustained an industrial injury on 11/05/2012. A primary treating office visit dated 08/21/2014 reported subjective complaint of bilateral upper extremity with continuous pain. He notes numbness and tingling into bilateral hands with gripping, grasping, pushing or pulling. The following diagnoses are applied: cervical spine strain/sprain, bilateral arm radiculitis, lumbar spine strain/sprain with bilateral lower extremity radicular symptom, status post lumbar spine surgery, right shoulder impingement, bilateral wrist tendinitis, bilateral carpal tunnel syndrome, bilateral hip strain/sprain, right ankle sprain, and left knee osteoarthritis with 3 surgical interventions. The plan of care involved electric nerve conduction study. A more recent primary treating office visit dated 01/13/2015 reported subjective complaint of cervical spine pain and stiffness, left knee pain and lumbar spine pain. The patient is temporary totally disabled for 6 weeks. He is to follow up on 02/23/2015. Recommending physical therapy, electric nerve conduction study, and undergo a magnetic resonance imaging of lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder MRI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI left shoulder is not medically necessary. MRI and arthropathy have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. The indications for magnetic resonance imaging are enumerated 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, indictments of the injured workers working diagnoses are cervical spine sprain/strain; bilateral arm radic.; Lumbosacral sprain/strain; right leg radic.; bilateral shoulder str. impingement; Bilateral elbow. The documentation from a January 13, 2015 progress note is largely illegible. Subjective documentation is illegible. Objective documentation is largely illegible. The documentation states, in part, tender to palpation bilateral shoulders with positive impingement and limited range of motion. The date of injury is November 5, 2012. There are no plain x-rays documented in the medical record. The injury is greater than two years old and there is no documentation of suspected rotator cuff tear. There is no documentation of suspected instability/labral tear. Consequently, absent clinical documentation with plain x-rays of the shoulders, acute shoulder trauma and instability/labral tear in the largely illegible medical record, MRI left shoulder is not medically necessary.