

Case Number:	CM15-0043081		
Date Assigned:	03/13/2015	Date of Injury:	08/09/2014
Decision Date:	04/16/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/06/2015

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 was a 68 year old female, who sustained an industrial injury, August 9 2014, and suffer a right arm injury. The injured worker was vacuuming and felt pain in the right arm. The injured worker previously received the following treatments extra strength Acetaminophen, Relafen, Cyclobenzaprine, Polar Frost Gel, laboratory studies, EMG/NCV (electromyography/nerve conduction velocity studies) of the upper extremities, laboratory studies, x-rays of the cervical spine, Tramadol and home exercise program. The injured worker was diagnosed with cervical radiculopathy, rule-out intradiscal injury of the cervical spine and carpal tunnel syndrome. According to progress note on December 12, 2014, the injured workers chief complaint was right neck pain, right shoulder pain and right wrist and right arm weakness and numbness. The injured worker rated the neck pain at 8 out of 10; 0 being no pain and 10 being the worse pain. The neck pain was radiating down the right arm with numbness in the right hand. The physical exam noted a decreased range of motion of the cervical spine and numbness down the right arm. There was decreased sensation in the right C6, C7 and C8 dermatomes and decreased strength. The treatment plan included was going to request an MRI of the cervical neck and shoulder. Positive impingement signs are reported. Prior left shoulder surgery is reported.

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: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: MTUS Guidelines support the use of shoulder MRI testing when there is no improvement in symptoms with reasonable conservative care and there is evidence of a possible surgical condition. The Guidelines also support MRI scanning when the diagnosis is complicated by possible cervical or radicular pain. This individual meets both of these Guideline criteria. With these circumstances, the right shoulder MRI is supported by Guidelines and is medically necessary.