

Case Number:	CM15-0052617		
Date Assigned:	03/26/2015	Date of Injury:	08/04/2014
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/19/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 31 year old woman sustained an industrial injury on 3/4/2014. The mechanism of injury is not detailed. Diagnoses include cervical and thoracic discopathy and cervicgia. Treatment has included oral medications. Physician notes dated 1/16/2015 show complaints of neck, upper back, and left shoulder pain rated 7/10 with radiation into the upper extremities with numbness and tingling and associated headaches. The 1/16/15 document states that the patient has pain and tenderness in the posterolateral region extending to the levator scapulae, which may very well be cervical root type pain. There is also some reproducible symptomatology with internal rotation and forward flexion. There is no instability on the exam. Recommendations include MRI of the cervical and thoracic spine and left shoulder and electromyogram/nerve conduction velocities of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder-MRI.

Decision rationale: MRI left shoulder is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that, The 1/16/15 document states that the patient has pain and tenderness in the posterolateral region extending to the levator scapulae which may very well be cervical root type pain. There is also some reproducible symptomatology with internal rotation and forward flexion. There is no instability on the exam. The ACOEM MTUS Criteria state that the primary criteria for ordering imaging studies are: emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Reynaud's phenomenon); failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). The ODG states that criteria for a shoulder MRI are 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. The documentation does not reveal a red flag condition or findings suggestive of significant pathology. The documentation is suggestive of referred cervical radicular pain to the shoulder. The patient was recommended to have electrodiagnostic testing and MRI of the cervical spine of which the results are not available. There is no documentation that the patient has had shoulder radiographs initially. The request for an MRI of the left shoulder is not medically necessary.