

Case Number:	CM15-0059327		
Date Assigned:	04/03/2015	Date of Injury:	02/21/2014
Decision Date:	05/08/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/30/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 48-year-old male, who sustained an industrial injury on 2/21/14. He has reported pulling a cover off his truck and the right arm became stuck and he felt a pop in the right shoulder. The diagnoses have included right shoulder impingement, right shoulder pain, right shoulder labral tear, and neck pain. Surgery has included right shoulder arthroscopy. Treatment to date has included medications, physical therapy, diagnostics, cortisone injections and surgery. Diagnostic studies included x-rays and Magnetic Resonance Imaging (MRI) of the right shoulder. Currently, as per the physician orthopedic progress note dated 12/29/14, the injured worker complains of right shoulder pain that is worse with the cold weather. He admits that Tylenol is helpful along with using heat. Physical exam of the right shoulder revealed decreased range of motion with pain noted. The physician requested treatments included MRI of the Right Shoulder, MRI of the Cervical Spine and Neurodiagnostic Studies Both Upper Extremities.

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 ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder: Magnetic Resonance Imaging (MRI).

Decision rationale: Primary criteria for ordering imaging studies of the shoulder are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure (e.g., a full-thickness rotator cuff tear not responding to conservative treatment. Imaging may be considered for a patient whose limitations due to consistent symptoms have persisted for one month or more, i.e., in cases when surgery is being considered for a specific anatomic defect (e.g. full-thickness rotator cuff tear) or to further evaluate the possibility of potentially serious pathology, such as a tumor. Indications for imaging Magnetic resonance imaging (MRI): 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. In this case the patient underwent MRI of the right shoulder on March 12, 2014 which showed rotator cuff tear. The patient underwent arthroscopic surgery of the right shoulder in April 2014. There is no documentation that the patient has had a significant change in his symptoms and there are no findings suggestive of significant pathology. Medical necessity for MRI of the right shoulder has not been established. The request is not medically necessary.

MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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, Magnetic Resonance Imaging (MRI).

Decision rationale: Criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Per ODG indications for MRI of the cervical spine are: Chronic neck pain (after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present; Neck pain with radiculopathy if severe or progressive neurologic deficit; Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present; Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present; Chronic neck pain, radiographs show bone or disc margin destruction;

Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal"; Known cervical spine trauma: equivocal or positive plain films with neurological deficit- Upper back/thoracic spine trauma with neurological deficit. In this case there is no documentation of neurological deficit indicating radiculopathy and there are no red flags. Medical necessity has not been established. The request is not medically necessary.

NEURODIAGNOSTIC STUDIES BOTH UPPER EXTREMITIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case the patient is not experiencing symptoms of radicular pain and there are no focal motor or sensory deficits. In addition documentation does not support that there had been a significant change in the patient's condition. Medical necessity has not been established. The request is not medically necessary.