

Case Number:	CM15-0060642		
Date Assigned:	04/06/2015	Date of Injury:	11/08/2010
Decision Date:	05/05/2015	UR Denial Date:	03/06/2015
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: Massachusetts

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

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 60 year old female who sustained an industrial injury on 11/08/2010. Diagnoses include neck pain with right-sided radiculopathy, low back pain with right leg radiculopathy, and possible shoulder pathology. A physician progress note dated 02/18/2015 documents the injured worker has multiple problems that are getting worse. She has neck pain with right arm radiculopathy, shoulder pain as well as low back pain with lower extremity radiculopathy. She is having more pain in her right shoulder as well as pain radiating down her right arm. She is having more pain in her low back and is radiating down to her right thigh. She has not had any recent conservative management. She has had two cortisone injections in her right shoulder. On examination there is tenderness to palpation diffusely over the cervical and lumbar spine as well as the right acromion. She has signs of impingement in her right shoulder. The treatment plan included new Magnetic Resonance Images of the cervical and lumbar spine as well as the right shoulder, and physical therapy. Treatment requested is for a Magnetic Resonance Imaging 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 Right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder - Magnetic resonance imaging (MRI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI).

Decision rationale: The claimant is nearly 5 years status post work-related injury and is being treated for neck and right shoulder and arm pain and low back and lower extremity pain. When seen she had progressively worsening right shoulder pain radiating into her arm and increased low back pain. Treatments had included to right shoulder injections with some relief from the first and no benefit from the second. Physical examination findings included decreased right shoulder and upper extremity strength with findings consistent with rotator cuff impingement. MRI scans of the cervical and lumbar spine were ordered. She was referred for physical therapy. MRI is the most useful technique for evaluation of shoulder pain due to subacromial impingement and rotator cuff disease and can be used to diagnose bursal inflammatory change, structural causes of impingement and secondary tendinopathy, and partial and full thickness rotator cuff tears. An MRI would be considered after a failure of conservative treatments. In this case, the claimant has also been referred for physical therapy. Obtaining an MRI of the shoulder prior to evaluating her response to treatment is not medically necessary.