

Case Number:	CM15-0081709		
Date Assigned:	05/04/2015	Date of Injury:	04/13/2011
Decision Date:	06/10/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/28/2015

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: 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 61 year old female with an industrial injury dated 4/13/2011. The injured worker's diagnoses include adhesive capsulitis, impingement, rotator cuff strain or tear and status post rotator cuff repair, subacromial decompression with subacromial bursectomy of right shoulder on 1/18/2013. Treatment consisted of prescribed medications, physical therapy, home exercise therapy and periodic follow up visits. According to the panel qualified medical evaluation dated 1/16/2015, the injured worker reported right shoulder pain radiating to her neck, right elbow, arm and hand. The injured worker also reported pain in the trapezius muscle with neck rotation to the left. Objective findings revealed tenderness of the right shoulder and positive impingement signs with Hawkin's and Neer's test on the right. The treating physician prescribed services for MRI of the cervical spine without contrast and Durable Medical Equipment (DME): Spinal Q vest and posture shirt now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: As per ACOEM guidelines, indications for neck imaging include "red flag" findings, physiological evidence of neurological or physiological dysfunction, failure to progress in strengthening program and pre-invasive procedure. The documentation does not support any indication for imaging. There is documentation of prior conservative care. There is no documentation of worsening symptoms. There is no signs of any radicular symptoms documented. MRI of cervical spine is not medically necessary.

Spinal Q vest and posture shirt: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Low Back: Posture garments.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, posture garments are not recommended. No good quality evidence has been published to supports any of its claims. This request is not medically necessary.