

Case Number:	CM15-0088292		
Date Assigned:	05/12/2015	Date of Injury:	04/30/2001
Decision Date:	06/12/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/07/2015

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: 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 72-year-old female injured worker suffered an industrial injury on 04/30/2001. The diagnoses included right shoulder partial tear rotator cuff tear, right shoulder tenosynovitis, labral tear, osteoarthritis and internal derangement. The injured worker had been treated with medications. On 4/17/2015, the treating provider reported continued to have constant right shoulder and right elbow pain rated as 9/10. The pain without medication was 9/10 and with medications was 6/10. The right shoulder had positive impingement sign with tenderness and spasms along the upper back. The treatment plan included MRI of the cervical spine. A progress report dated 4/9/2015 includes a sensory examination, which reveals hypoesthesia over the right forearm and over the radial 3 fingers in the right-hand. The treatment plan recommends an MRI of the cervical spine. Physical therapy notes indicate that PT has been directed towards the patient's shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Magnetic Resonance Imaging (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): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, MRI.

Decision rationale: Regarding the request for cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. Within the documentation available for review, there is no indication of any red flag diagnoses. Additionally there is no documentation of neurologic deficit or failure of conservative treatment for at least 3 months. In the absence of such documentation, the requested cervical MRI is not medically necessary.