

Case Number:	CM14-0111911		
Date Assigned:	08/04/2014	Date of Injury:	12/05/2012
Decision Date:	10/17/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/17/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 45 year old male who was injured on 12/05/12 due to cumulative trauma. The injured worker is status post right shoulder arthroscopy with superior labrum anterior and posterior (SLAP) repair performed on 07/09/13. The injured worker complains of right shoulder and cervical pain and is diagnosed with degeneration of cervical intervertebral disc. An electromyography/nerve conduction velocity (EMG/NCV) dated 02/28/13 reveals electrodiagnostic evidence of a severe right carpal tunnel syndrome. Progress report dated 02/13/14 states the injured worker complains of paresthesia in the dorsum of the right hand. It is noted the injured worker reports his neck is not painful. Physical examination on this date reveals normal cervical range of motion (ROM) but with mild pain about all planes. An orthopedic consultation report dated 06/03/14 states the injured worker complains of severe and constant chronic pain about the right shoulder, hand and upper extremity. It is noted the injured worker has undergone MRIs of the right shoulder (preoperatively on 03/28/13 and postoperatively on 10/20/13) but do not indicate an MRI of the cervical spine has been performed. There is no imaging studies submitted for review. Physical examination significant limitation in motion of the cervical spine with bilateral positive Spurling maneuver, which reproduces pain particularly on the right side, ROM of the right shoulder is also reportedly diminished, deep tendon reflexes (DTRs) and motor and sensory examinations are intact. This note states the claimant may be suffering from a double crush phenomenon with overlying neurogenic pain involving the upper extremity. An EMG/NCV of the upper extremities and an MRI of the cervical spine are requested. The request for an MRI of the cervical spine is denied by utilization review dated 07/09/14.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165, 177-178.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) states, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. Records do not indicate the injured worker has participated in physical therapy for cervical complaints or for complaints involving the right upper extremity with the exception of the right shoulder. ACOEM states criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery or clarification of the anatomy prior to an invasive procedure. Records do not suggest an invasive procedure for the cervical spine is being considered. Records do not include evidence of the emergence of a red flag (potentially serious disease) and physical examinations do not include findings clearly indicative of neurologic dysfunction. No motor, sensory or reflex changes are noted. Based on the clinical information provided, medical necessity of an MRI of the cervical spine is not established.