

Case Number:	CM14-0129678		
Date Assigned:	08/18/2014	Date of Injury:	11/30/2010
Decision Date:	10/31/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/12/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 48-year-old female who reported an injury on 11/30/2010. The mechanism of injury was not specified. Her diagnoses were cervical spine spondylosis with degenerative disc disease, bilateral shoulder impingement syndrome, bilateral knee medial compartment arthritis, bilateral metatarsalgia, and nonspecific bilateral wrist and upper extremities arthralgia consistent with myofascial pain syndrome. Her treatments consisted of physical therapy, acupuncture, and a knee brace. Her diagnostics included an MRI of the thoracic spine. Her surgeries were not provided. On 06/02/2014, the injured worker reported neck pain, right shoulder pain, left shoulder pain, right elbow pain, right and left wrist/hand pain with numbness and tingling, and low back pain. She rated her pain at 8/10. The physical examination of the cervical spine revealed muscle spasms, increasing pain towards terminal range of motion, and tenderness to palpation of the musculature. The examination of the shoulders revealed mild weakness with flexion, abduction, and external rotation bilaterally. There was myofascial tenderness to palpation bilaterally of the trapezius or posterior shoulder girdle. Her medications were not provided. The treatment plan was for an MRI of the right shoulder and MRI of the left shoulder. The rationale for the request and the Request for Authorization form were not provided.

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: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)MRI / Indications for Imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: Based on the clinical information submitted for review, the request for an MRI of the right shoulder is not medically necessary. According to the California MTUS/ACOEM Guidelines, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms in patients with shoulder problems. The primary criteria for ordering imaging studies 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, and clarification of the anatomy prior to an invasive procedure. The injured worker complained of neck pain, right shoulder pain, left shoulder pain, and right and left elbow pain. A physical therapy initial evaluation noted that the injured worker had completed 6 months of land physical therapy, as well as acupuncture in the past and she was going to start aquatic physical therapy. Although the injured worker was noted to have tried physical therapy and acupuncture, it was not specified what benefits she had out of those therapies along with medication therapy. Her medications were not noted so it is unclear if she has trialed and failed medications as it is necessary to complete 4 to 6 weeks of conservative care before diagnostic studies can be considered. It is unclear as to why an MRI is being requested for the shoulder if there is no objective documentation to suggest deterioration in the injured worker's condition. As such, the request for an MRI of the right shoulder is not medically necessary.

MRI left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)MRI / Indications for Imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: Based on the clinical information submitted for review, the request for an MRI of the left shoulder is not medically necessary. According to the California MTUS/ACOEM Guidelines, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms in patients with shoulder problems. The primary criteria for ordering imaging studies 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, and clarification of the anatomy prior to an invasive procedure. The injured worker complained of neck pain, right shoulder pain, left shoulder pain, and right and left elbow pain. A physical therapy initial evaluation noted that the injured worker had completed 6 months of land physical therapy, as well as acupuncture in the past and she was going to start aquatic physical therapy. Although the injured worker was noted to have tried

physical therapy and acupuncture, it was not specified what benefits she had out of those therapies along with medication therapy. Her medications were not noted so it is unclear if she has trialed and failed medications as it is necessary to complete 4 to 6 weeks of conservative care before diagnostic studies can be considered. It is unclear as to why an MRI is being requested for the shoulder if there is no objective documentation to suggest deterioration in the injured worker's condition. As such, the request for an MRI of the left shoulder is not medically necessary.