

Case Number:	CM14-0142607		
Date Assigned:	09/10/2014	Date of Injury:	12/23/2004
Decision Date:	10/14/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/03/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for ulnar neuropathy, shoulder pain, and thoracic outlet syndrome reportedly associated with an industrial injury of December 23, 2004. Thus far, the applicant has been treated with the following: A brachial plexus decompression surgery of December 2013; unspecified amounts of physical therapy; and a TENS unit. In a Utilization Review Report dated August 22, 2014, the claims administrator denied a request for shoulder MRI imaging with and without contrast and approved a request for TENS unit electrodes. The applicant's attorney subsequently appealed. On January 28, 2014, the applicant underwent a shoulder corticosteroid injection for reported shoulder tendinitis. In a progress note of the same date, the applicant was described as having undergone a previous brachial plexus decompression surgery, ulnar nerve decompression surgery, and median nerve decompression surgery on December 4, 2013. Persistent shoulder joint pain was noted, apparently exacerbated by Motrin. Naprosyn, Ambien, Norco, and Soma were endorsed, along with MRI imaging of the shoulder joint. On February 4, 2014, the applicant was placed off of work, on total temporary disability. A variety of medications were renewed, along with TENS unit supplies. On July 1, 2014, the applicant presented reporting highly variable 6-10/10 pain. The applicant was using Percocet and Soma for pain relief. TENS unit supplies and physical therapy were sought. The applicant was again placed off of work, on total temporary disability. On July 3, 2014, the applicant's neurosurgeon again reported that the applicant had persistent complaints of shoulder pain, with flexion and abduction limited to 90 degrees; it was stated in one section of the report. In another section of the report, it was stated that the applicant could raise his arm to 170 degrees in the contralateral left shoulder. A shoulder MRI was sought. On August 28, 2014, the applicant's neurosurgeon reported that the applicant's

shoulder pain was increasing in severity and again stated that the applicant had significantly diminished shoulder range of motion appreciated about the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the right shoulder with and without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for imaging-Magnetic Resonance Imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6, page 214.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 214, MRI imaging is "recommended" in the preoperative evaluation of partial thickness or large full-thickness rotator cuff tears. In this case, the applicant has significant residual shoulder complaints following an earlier failed brachial plexus decompression surgery in late 2013. Significant signs and symptoms of shoulder pathology persist, including diminished range of motion and strength about the same with positive provocative testing also appreciated. The requesting provider is a neurosurgeon, implying that the applicant would likely act on the results of the MRI imaging in question and/or consider a surgical remedy were it offered, particularly in light of the failed brachial plexus decompression surgery. Therefore, the request is medically necessary.