

Case Number:	CM14-0149895		
Date Assigned:	09/18/2014	Date of Injury:	02/13/2014
Decision Date:	10/17/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/15/2014

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of February 13, 2014. A utilization review determination dated August 11, 2014 recommends denial for an MRI of the cervical spine and right shoulder. Denial was recommended since an MRI of the right shoulder was recently certified on June 16, 2014 and no rationale was provided for repeat imaging. Additionally, the patient is pending recent certified physical therapy. A progress report dated June 13, 2014 identifies subjective complaints of pain in the right shoulder which is slightly improving. The patient is having difficulty with activities of daily living. Physical examination reveals tenderness over the paraspinal muscles with positive compression. Right shoulder examination reveals positive impingement test with tenderness noted over the AC joint, coracoid process, bicipital groove, deltoid bursa, and glenohumeral joint on the right. Gross muscle strength reveals 3/5 on the right shoulder. Diagnoses include right shoulder impingement syndrome, rule out internal derangement, cervical spine sprain/strain, and thoracic spine sprain/strain. The treatment plan recommends a short course of physical therapy for the cervical spine and right shoulder. Additionally, an MRI is recommended for the right shoulder and cervical spine. The requesting physician includes ODG guidelines stating that MRIs are appropriate for patients who have not responded to conservative care. A utilization review determination dated August 7, 2014 recommend certification of physical therapy 2 times a week for 3 weeks. A utilization review determination dated June 16, 2014 recommends certification for an x-ray of the right shoulder and cervical spine and certification for an MRI of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical: 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 statement indicating that the requesting physician has reviewed the x-rays and MRI already recommended for certification. Additionally, recent physical therapy has been authorized, and there is no statement indicating how the patient responded to the physical therapy. Guidelines recommend failure of conservative treatment prior to performing imaging studies. Additionally, it seems reasonable to review the MRI of the shoulder already certified to see if it could explain the patient's current symptoms. In the absence of clarity regarding those issues, the currently requested cervical MRI is not-medically necessary.

MRI Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207- 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic resonance imaging (MRI)

Decision rationale: Regarding the request for MRI of the right shoulder, Occupational Medicine Practice Guidelines state that more specialized imaging studies are not recommended during the 1st month to 6 weeks of activity limitation due to shoulder symptoms except when a red flag is noted on history or examination. Cases of impingement syndrome are managed the same whether or not radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Guidelines go on to recommend imaging studies for 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. ODG recommends MRI of the shoulder for sub-acute shoulder pain with suspicion of instability/labral tear or following acute shoulder trauma with suspicion of rotator cuff tear/impingement with normal plain film radiographs. Within the documentation available for review, there is no statement indicating that the requesting physician has reviewed the x-rays and MRI already recommended for certification. Additionally, recent physical therapy has been authorized, and there is no statement indicating how the patient responded to the physical

therapy. Guidelines recommend failure of conservative treatment prior to performing imaging studies. Additionally, guidelines do not recommend repeat imaging studies of the same body part unless there is documentation of significant progression of symptoms and findings. In the absence of clarity regarding those issues, the currently requested right shoulder MRI is not medically necessary.