

Case Number:	CM14-0166405		
Date Assigned:	10/13/2014	Date of Injury:	01/02/2013
Decision Date:	11/13/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/09/2014

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 Iowa. 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 patient is a 61 year-old male with a date of injury of 1/2/2013. A review of the medical documentation indicates that the patient is undergoing treatment for right upper extremity pain. Subjective complaints (8/22/2014) include mild to moderate pain in the right shoulder radiating down to the right wrist and hand along with popping, limited motion, and weakness in the right shoulder. Objective findings (8/22/2014) include pain with extension and decreased range of motion of the cervical spine, decreased range of motion of right shoulder, weakness with right shoulder abduction, and pain in the right bicipital groove; left shoulder exam was essentially normal. Diagnoses include ulnar nerve lesion, shoulder pain, and rotator cuff injury. The patient has undergone studies to include EMG (5/2013) which was normal; MRI (6/2014) of the right shoulder which showed repeat tear of the previous rotator cuff injury; left shoulder also showed a new rotator cuff tear. The patient has previously undergone rotator cuff surgery on the right shoulder 6/2013. A utilization review dated 9/25/2014 did not certify the request for MRI of the cervical spine.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177,182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Magnetic resonance imaging (MRI)

Decision rationale: According to MTUS guidelines, ACOEM imaging studies for the following issues: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Guidelines do not recommend special studies until a 3-4 week period of conservative care fails to improve symptoms. ODG does not recommended imaging except in specific circumstances. Indications for cervical MRI imaging include neurologic signs or symptoms present; neck pain with radiculopathy and severe or progressive neurologic deficit; abnormal radiographs for spondylosis, old trauma, bone or disc margin destruction; suspected cervical spine trauma with clinical findings suggesting ligamentous injury; or known cervical spine trauma. The medical documentation mainly focuses on the symptoms and issues with his bilateral shoulders, which have received MRIs. The cervical symptoms are briefly mentioned, but there is no rationale to explain an etiology outside of the existing shoulder injuries. The treating physician does not detail a clear mechanism of injury or trauma, documented abnormal findings on radiograph, or neurological deficit that are related to the cervical spine. There is no evidence of red flags or other findings that meet the above criteria. A period of failed conservative care is also not documented. Therefore, the request for MRI of the cervical spine is not medically necessary.