

Case Number:	CM14-0027759		
Date Assigned:	07/02/2014	Date of Injury:	04/13/2013
Decision Date:	08/18/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/05/2014

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 New York and Texas. 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 60-year-old male who reported an injury on 04/13/2013. The mechanism of injury was the injured worker was cranking landing gear. The diagnoses included displacement of lumbar intervertebral disc without myelopathy, thoracic disc bulge, right shoulder impingement, and lumbar strain. Prior therapies included physical therapy. The documentation of 12/06/2013 revealed the injured worker had complaints of pain in the low back with radicular pain down both legs. The injured worker had increased numbness on the right lateral thigh. The injured worker had swelling in the left lower leg into the ankle that was painful. The injured worker had pain in the right shoulder. The physical examination revealed the injured worker had tenderness at the T-L junction. There was numbness. There was decreased sensation from T5 through T9 bilaterally and at the spinous processes. There was pain with range of motion. There was tenderness in the right shoulder at the right acromioclavicular and anterior deltoid, and SITS muscles for the right shoulder. The injured worker had a positive apprehension test and impingement test on the right. Muscle testing was 3/5 on flexion, abduction, and internal and external rotation. The diagnoses included thoracic sprain/strain, thoracic myofasciitis, thoracic discopathy, and right shoulder impingement. The injured worker had no conservative care for some time and had not trialed acupuncture. As such, a request was made for acupuncture. Additionally, the treatment plan included an MRI of the thoracic spine to rule out discopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the 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 rationale: The ACOEM Guidelines indicate for most injured workers with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. The clinical documentation submitted for review failed to provide documentation of the injured worker's conservative care directed specifically at the shoulder. Additionally, the ACOEM Guidelines indicate when surgery is being considered for a specific anatomic defect, magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. There was a lack of documented rationale for the requested service. There was no DWC Form RFA or PR-2 submitted for the MRI of the shoulder. Given the above, the request for an MRI of the right shoulder is not medically necessary.

Thoracic MRI: 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): 177-179.

Decision rationale: The ACOEM Guidelines indicate that for most injured workers presenting with true neck and upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. Additionally, they indicate that the criteria for ordering imaging studies include the 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. The clinical documentation submitted for review failed to indicate the injured worker had been treated with conservative care directed specifically at the thoracic spine. Given the above, the request for a thoracic MRI is not medically necessary.