

Case Number:	CM14-0094931		
Date Assigned:	07/25/2014	Date of Injury:	08/12/2011
Decision Date:	10/08/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/23/2014

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 and Rehabilitation 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 injured worker is a 53-year-old female who reported an injury on 08/12/2011. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of pain in joint involving the shoulder region. Past medical treatment consists of physical therapy and medication therapy. Medications include Ibuprofen. On 06/07/2013, the injured worker underwent an MRI of the right shoulder. On 01/29/2014, the injured worker complained of shoulder pain. Physical examination of the right shoulder revealed full passive range of motion. The RC power was diminished. The active range of motion was reduced with only motion up to 90 degrees. There was tenderness over the biceps tendon. The treatment plan is for an MRI of the cervical spine. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Neck & Upper Back, Magnetic resonance imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for an MRI of the cervical spine is not medically necessary. ACOEM Guidelines indicate the criteria for ongoing imaging studies include the emergence of a red flag, psychological evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electro diagnostic studies, laboratory testing, or bone scans. According to the above guidelines, the injured worker does not meet the ACOEM indicated criteria. The submitted documentation did not indicate that the injured worker had any pain to the cervical spine. According to the documentation dated 01/29/2014, the injured worker had a complaint of the shoulder. Furthermore, there was no evidence of any physiologic evidence of tissue insult or neurologic dysfunction to the injured worker's cervical spine documented in the submitted report. Additionally, there was no emergence of a red flag. Given that the rationale for the request was not submitted by the provider, the MRI is not warranted. As such, the request is not medically necessary.