MAXIMUS Federal Services

Case Number:	CM14-0136064		
Date Assigned:	09/03/2014	Date of Injury:	11/18/2011
Decision Date:	06/18/2015	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Family Practice

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 26 year old male who sustained an industrial injury on 11/18/2011. The injured worker received a crush injury to his abdomen when he was pinned between two vehicles. Diagnosis is low back pain. Treatment to date has included diagnostic studies, surgery, medications, acupuncture, chiropractic sessions, functional capacity evaluation, and physical therapy. A physician progress note dated 06/30/2014 documents the injured worker suffered a crush injury of the abdomen and ongoing abdominal pain, low back pain, thoracic spine injury with thoracic radiculopathy resulting in chest pain syndrome, cervical spine injury from a prior motor vehicle accident, shoulder symptoms of the right-possible internal derangement, and sleep impairment. There are no diagnostic studies present for review. As of 04/02/2014 his medications included Vicodin, a muscle relaxant and a sleeping pill. On 04/02/2014 a Qualified Medical Evaluation documents the injured worker complains of abdominal pain in the left lower quadrant with a small hard spot present along the abdominal wall on that side, low back pain that has numbness from the T8 through L2 level. Pain radiates outward from the midline spine into the shoulders at that level. Below the L2 level through the buttocks there is pain. He has trouble falling asleep and staying asleep. He has episodic chest pain that is minimal. He has neck pain that radiates into the shoulders. The pain is especially prominent in the right shoulder and is rates as 6 out of 10 in intensity. The treatment plan was for a Magnetic Resonance Imaging of the thoracic spine, Electromyography/Nerve Conduction Velocity study of the upper extremities and neurophysiological testing, and to continue on his medications. Treatment requested is for MRI Right Shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-9.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-1 and Algorithm 9-1.

Decision rationale: The MTUS/ACOEM Guidelines comment on the evaluation of patients with occupational shoulder complaints. A key element in the process of evaluation includes an assessment for red flags that might suggest the potential for a serious shoulder condition. These red flags are described in Table 9-1 of the MTUS/ACOEM Chapter on Shoulder Complaints. The records do not describe any of these above cited red flags pertaining to the patient's shoulder. For example, in the Functional Capacity Evaluation of this patient, the documentation indicates that the patient had "100% of full reach" of the shoulder and was able to lift 25 pounds above the shoulder. In the pain diagrams, which describe the location of the patient's pain, the shoulder is not marked as an area of pain. The patient's pain appears to be primarily in the Thoracic Spine region. Further, there is no documentation in the records to indicate that the patient has any limitation in range of motion or strength of the right shoulder. Algorithm 9-1 of the MTUS/ACOEM Guidelines describes the initial evaluation of occupational shoulder complaints. In the absence of red flags, diagnostic testing is not indicated. In summary, there is no evidence provided in the medical records to indicate that this patient has a condition involving the right shoulder that warrants a diagnostic evaluation with an MRI study. There are no symptoms to suggest red flags pertaining to the shoulder. There are no examination findings that suggest a disorder of the right shoulder. There are no diagnoses provided by the treating physician that justify the need for an assessment with imaging of the right shoulder. For these reasons, an MRI of the right shoulder is not medically necessary.