

Case Number:	CM14-0218645		
Date Assigned:	01/08/2015	Date of Injury:	03/04/2013
Decision Date:	03/10/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/30/2014

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: Physical Medicine & Rehabilitation

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 36 year old male, who sustained an industrial injury on 3/4/2013. He has reported cervical spine and left shoulder pain, rated 6/10, with numbness in the 3rd, 4th and 5th fingers versus no complaints of numbness. The diagnoses have included cervical strain/sprain with aggravation of spondylosis and left cervical 5 radicular complaints; left shoulder strain with trapezial myalgia; lumbar spine/right flank contusion with aggravation of mild lumbar spondylosis; and left ulnar neuropathy. Treatments to date have included consultations; diagnostic imaging studies; physical therapy & home exercise program; and medication management. On 12/15/2014 Utilization Review non-certified, for medical necessity, the request for an MRI of the left upper extremity/shoulder without dye, noting the MTUS, ACOEM and ODG Guidelines for chronic pain medical treatment, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder strains, MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 207-208. Decision based on Non-MTUS Citation Shoulder chapter, MRI

Decision rationale: According to the 12/09/2014 report, this patient presents with pain to the cervical spine (6/10) and left shoulder blade; the condition has not changed since his last visit. The current request is for repeat MRI of the left shoulder. Regarding MRI, ODG guidelines state Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In reviewing the medical reports provided, the treating physician indicates MRI of the left shoulder on 03/20/2013 reveals a small tear of the anterior supraspinatus tendon with local bursitis present with mild acromioclavicular joint hypertrophy noted. However, the treating physician does not document evidence of significant progression of symptoms or significant findings of pathology to warrant a repeat MRI and there are no red flags documented to support this request. Therefore, the current request is not medically necessary.