

Case Number:	CM15-0123772		
Date Assigned:	07/08/2015	Date of Injury:	09/07/2012
Decision Date:	08/04/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/26/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 40 year old male, who sustained an industrial injury on 9/07/2012. The injured worker was diagnosed as having rotator cuff sprain/strain, other affections of shoulder region, adhesive capsulitis of shoulder, and lack of coordination. Treatment to date has included diagnostics, right shoulder surgery in 11/2014, physical therapy, home exercise program, and medications. Electrodiagnostic testing (1/07/2015) of the upper extremities was normal. An Orthopaedic Consultation note (2/25/2015) recommended updating his cervical magnetic resonance imaging and obtaining a thoracic magnetic resonance imaging. Currently (6/03/2015), the injured worker complains of continued pain, unspecified. His neck range of motion was within normal limits, with tenderness to palpation along the medial clavicular border of the trapezius. Exam of the right shoulder noted mild stiffness and pain at the end range of motion. Mildly painful positive impingement sign was noted. Rotator cuff strength was 5/5, except 4/5 supraspinatus. He had mild to moderate scapular dyskinesia. The impression was right shoulder status post arthroscopy with residual stiffness and mild subacromial impingement. It was documented that he brought a letter from his attorney stating that magnetic resonance imaging of the cervical and thoracic spines were approved. The treatment plan included magnetic resonance imaging of the cervical and thoracic spines to evaluate persistent numbness and weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: This 40 year old male has complained of shoulder pain and upper back pain since date of injury 9/7/12. He has been treated with surgery, physical therapy and medications. The current request is for MRI of the thoracic spine. Per the ACOEM guidelines cited above, imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. There is no such documentation included in the medical records. On the basis of the available medical records and per the ACOEM guidelines cited above, MRI of the thoracic spine is not medically necessary.