

Case Number:	CM15-0178192		
Date Assigned:	09/18/2015	Date of Injury:	12/31/2004
Decision Date:	10/21/2015	UR Denial Date:	08/15/2015
Priority:	Standard	Application Received:	09/10/2015

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: North Carolina

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 49 year old male who sustained an industrial injury on December 31, 2004. A primary treating office visit dated January 08, 2015 reported current subjective complaint of neck, bilateral upper extremity, and low back pains; intermittent headaches. The following diagnoses were applied to this visit: cervical radiculopathy; multi-level disc herniations of cervical spine most significant at C5-6 with stenosis; facet arthropathy of cervical spine; bilateral carpal tunnel syndrome; bilateral cubital tunnel syndrome; medication induced gastritis and chronic low pain. There is noted discussion regarding possible treatment modalities to include: physical therapy, chiropractic care; acupuncture, injections and surgery. He "prefer to avoid interventional treatment for now and this is reasonable." Previous treatment to involve: lumbar epidural injections, home exercise program, chiropractic session, physical therapy and acupuncture care, activity modification, medications. A trial of topical analgesia noted implemented this visit. Primary follow up dated May 21, 2015 reported, "increased pain in his back for the last week or so." He states he was "unable to move" yesterday due to the pain. The plan of care is with recommendation for: trial of transcutaneous nerve stimulator unit; general orthopedic consultation for upper extremities. Primary follow up dated July 15, 2015 reported chief subjective complaints of upper extremity pain. Since the last visit "patient reports no change in right elbow symptoms" and states, "his right symptoms have been intermittent". There is note of no prior treatment to right elbow. The plan of care is with recommendation for a right shoulder magnetic resonance imaging study is performed along with follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: The ACOEM chapter on shoulder complaints and imaging studies states: Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Reynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). The provided documentation for review does not show emergence of red flags. There is no new neurologic or physiologic deficits noted and no planned invasive procedure. Therefore, the request is not medically necessary.