

Case Number:	CM15-0026030		
Date Assigned:	02/18/2015	Date of Injury:	03/30/2011
Decision Date:	04/02/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/11/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 50 year old female, who sustained an industrial injury on March 30, 2011. She has reported while pushing pallets out of a trailer, hurt her neck, right shoulder, and lower back. The diagnoses have included cervical disc protrusion rule out radiculopathy, C2-C3 central disc/osteophyte complex protrusion with effacement ventral thecal sac and mild central canal stenosis, C3-C4 and C5-C6 broad based posterior disc/osteophyte complex protrusion with flattening ventral cord and borderline central canal stenosis, C6-C7 broad based posterior disc/osteophyte complex protrusion with effacement ventral thecal sac, right shoulder sprain/strain versus impingement syndrome, and bilateral upper extremity tendinitis. Treatment to date has included right shoulder surgery in 2012, physical therapy, activity modification, epidural steroid injection (ESI), and medications. Currently, the injured worker complains of neck, right shoulder, left arm, elbows, hands, wrists, and lower back pain. The Treating Physician's report dated January 23, 2015, noted tenderness of the scalene musculature, with a sensory deficit along the C5-C7 nerve distribution. Bilateral trapezial spasm was noted, with cervical tenderness to palpation, and hyperextension and rotation of the cervical spine producing radiculopathy, right worse than left. The right shoulder acromioclavicular joint was noted to be painful, with complaints of pain on palpation, bilaterally, and a positive impingement sign. On February 9, 2015, Utilization Review non-certified of a MRI/arthrogram of the right shoulder, noting there was insufficient documented clinical information, including a description of specific shoulder symptoms or a physical examination of the right shoulder, to support the medical necessity. The MTUS, American College of Occupational and Environmental Medicine

(ACOEM) Guidelines and the Official Disability Guidelines (ODG) were cited. On February 11, 2015, the injured worker submitted an application for IMR for review of a MRI/arthrogram of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI arthrogram of the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

Decision rationale: According to MTUS guidelines, MRI of the shoulder is indicated in case of tumor, infection, ligament instability and rotator cuff injury. There is no clinical evidence or documentation of one of the above diagnosis. Therefore MRI of the right shoulder is not medically necessary.