MAXIMUS Federal Services

Case Number:	CM15-0043236		
Date Assigned:	03/13/2015	Date of Injury:	11/25/2013
Decision Date:	04/22/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/06/2015

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: California, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 43 year old male, who sustained an industrial injury on November 25, 2013. He reported being struck by a company truck, with pain in the neck, left shoulder, left elbow, left hand/wrist, and low back noted the following day. The injured worker was diagnosed as having cervical spine pain/sprain/strain/ herniated nucleus pulposus/ and radiculopathy, left shoulder sprain/strain/ tendinitis/ bursitis/and AC arthrosis, left elbow sprain/strain, left wrist sprain/strain/TFCC tear/and carpal tunnel syndrome, lumbar spine pain/sprain/strain/ degenerative disc disease/herniated nucleus pulposus/hemangioma at L3/and radiculopathy, and hypertension. Treatment to date has included physiotherapy, chiropractic treatments, MRI of the cervical and lumbar spine, left shoulder, left elbow, and left hand/wrist, electromyography (EMG) of the upper and lower extremities, physical therapy, acupuncture, and medication. Currently, the injured worker complains of burning neck pain, greater on the left side, with numbness and tingling in the bilateral upper extremities, burning left shoulder pain, burning left elbow pain, burning left wrist pain with weakness, numbness, tingling, and pain radiating to the hand and fingers, and burning low back pain, greater on the left, radiating to the left hip and down the left leg with numbness and tingling in the bilateral lower extremities. The Primary Treating Physician's report dated January 27, 2015, noted the injured worker reported that the medications did offer temporary relief of pain and improved his ability to have a restful sleep. Cervical spine examination was noted to reveal tenderness to palpation at the occiputs, trapezius, stemocleidomastoid, scalene, splenius, and levator scapula muscles, with cervical distraction and compression tests positive bilaterally. The left shoulder examination was noted

to show tenderness to palpation at the trapezius, supraspinatus, rhomboid, and levator scapula muscles, with AC joint tenderness with arthrosis, and tenderness to palpation at the subacromial space and biceps tendon. A Neer's impingement test of the left shoulder was noted to be positive.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) without contrast, 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 (Acute & Chronic), Magnetic resonance imaging (MRI).

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

Decision rationale: Per the ODG guidelines: Indications for imaging Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; Subacute shoulder pain, suspect instability/labral tear; Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008) The attached medical record indicates that the injured employee has had a previous MRI of his left shoulder performed. It is not stated that the injured employees symptoms or physical examination findings have significantly changed or worsened since the study was performed. As such, this request for an MRI the left shoulder is not medically necessary.