MAXIMUS Federal Services

Case Number:	CM15-0071921		
Date Assigned:	04/22/2015	Date of Injury:	03/08/2013
Decision Date:	06/09/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/15/2015

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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year old female, who sustained an industrial injury on 3/08/2013, due to continuous trauma and a poorly ergonomically designed workspace. The injured worker was diagnosed as having other specified disorders of bursae and tendons in shoulder region. Treatment to date has included diagnostics, right shoulder surgery (2/27/2014-operative report not included), physical therapy, and medications. Currently (3/19/2015), the injured worker reports feeling better, with less pain and more movement. Objective findings referenced x-rays of the right shoulder and magnetic resonance imaging of the right shoulder. Physical exam noted no significant clinical change to the right shoulder and cervical spine. Medication use included Zanaflex, Norco, Prilosec, Ibuprofen, Flurbiprofen, Ultram, and Anaprox. The treatment plan included magnetic resonance imaging of the cervical spine and right shoulder and electro-myogram and nerve conduction studies of the upper extremities to rule out radiculopathy. A neurodiagnostic report for the upper extremities (12/15/2014) was submitted. Magnetic resonance imaging of the cervical spine and right upper extremity (12/10/2014) were submitted. The rationale for the requested magnetic resonance imaging of the right shoulder and cervical spine and electromyogram and nerve conduction studies of the upper extremities was not clear.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, Chronic Pain Treatment Guidelines Chronic pain Discussion Page(s): 6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Neck and Upper Back (Acute & Chronic) Magnetic resonance imaging (MRI).

Decision rationale: The injured worker sustained a work related injury on 3/08/2013. The medical records provided indicate the diagnosis of an industrial injury on 3/08/2013, due to continuous trauma and a poorly ergonomically designed workspace. The injured worker was diagnosed as having other specified disorders of bursae and tendons in shoulder region. Treatment to date has included diagnostics, right shoulder surgery (2/27/2014-operative report not included), physical therapy, and medications. The medical records provided for review do not indicate a medical necessity for MRI cervical spine. The medical records indicate the injured worker had a cervical MRI in the past; the clinical features have remained the same. The records reviewed did not provide thorough history and physical. While the MTUS recommends against over reliance on imaging in order to avoid diagnostic confusion, it recommends that tests and further management be done in the context of information from through history and physical. The MTUS is silent on repeat MRI; however, the Official Disability Guidelines states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation).

EMG/NCV of upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 177-178, Chronic Pain Treatment Guidelines Chronic Pain Discussion Page(s): 6.

Decision rationale: The injured worker sustained a work related injury on 3/08/2013. The medical records provided indicate the diagnosis of an industrial injury on 3/08/2013, due to continuous trauma and a poorly ergonomically designed workspace. The injured worker was diagnosed as having other specified disorders of bursae and tendons in shoulder region. Treatment to date has included diagnostics, right shoulder surgery (2/27/2014-operative report not included), physical therapy, and medications. The medical records provided for review do not indicate a medical necessity for EMG/NCV of upper extremities. There were no detailed history and physical of the neck and limbs in the medical records reviewed; there was no documentation of progressive neurological deficit. The MTUS recommends diagnostics tests and further management be done in the context of the information from thorough history, physical, and diagnosis. Also, the MTUS recommends that nerve studies be done in the context of equivocal history and physical for neurological disorder. The medical records reviewed do not indicate equivocal features of neurological disorders exists in this worker. Specifically,

the MTUS states, " When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected". Therefore the request is not medically necessary.

MRI scan 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 ODG, Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207, Chronic Pain Treatment Guidelines Chronic Pain Discussion Page(s): 6.

Decision rationale: The injured worker sustained a work related injury on 3/08/2013. The medical records provided indicate the diagnosis of an industrial injury on 3/08/2013, due to continuous trauma and a poorly ergonomically designed workspace. The injured worker was diagnosed as having other specified disorders of bursae and tendons in shoulder region. Treatment to date has included diagnostics, right shoulder surgery (2/27/2014-operative report not included), physical therapy, and medications. The medical records provided for review do not indicate a medical necessity for MRI scan of the right shoulder. There were no detailed history and physical of the neck and limbs in the medical records reviewed; there was no documentation of progressive neurological deficit. The MTUS recommends diagnostics tests and further management be done in the context of the information from thorough history, physical, and diagnosis. The MTUS recommends against imaging except if there is progressive neurological deficit; or for clarification for surgery; or failure to progress in a strengthening program. The MTUS recommends against MRI merely because there is suspicion of impingement or partial rotator cuff tear. The request is not medically necessary.