

Case Number:	CM15-0073974		
Date Assigned:	04/24/2015	Date of Injury:	01/28/2014
Decision Date:	05/22/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/17/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 22 year old male, who sustained an industrial injury on January 28, 2014. He reported a left pectoral pull. The diagnoses and results of the injury include a sprained chest and thoracic outlet syndrome. Initial treatment included physical therapy and medications. The injured worker was currently diagnosed as having a partial tear of the left pectoralis insertion. Diagnostics to date has included MRI of the left shoulder and the brachial plexus, electro-myography/nerve conduction velocity studies, and x-rays. Treatment to date has included work modifications, transcutaneous electrical nerve stimulation (TENS) unit, and anti-epilepsy, non-steroidal anti-inflammatory, pain, muscle relaxant medications. On February 20, 2015, the injured worker complains of unchanged, occasional left brachial plexus pain, which is rated 3-4/10. His pain increases with moving his arm out in front of him, bringing the arm in, and lifting the arm overhead. Associated symptoms include trapezius tightness and chest swelling with lifting greater than 15-20 pounds. He has difficulty with light housework or light laundry. The physical exam revealed decreased active and passive range of motion of the shoulder, tenderness along the inferior border of the pectoralis muscle tendon insertion, and normal strength with pain in shoulder internal and external rotation, especially with internal rotation. The treatment plan includes an MRI with the pectoralis protocol, as the pain appears to be at the pectoralis tendon. The requested treatment is an MRI chest without dye.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the left pectoralis protocol: 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, Indications for imaging - Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 207-208.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for MRI. According to the clinical documents, the patient does not meet criteria for a repeat shoulder MRI, as there has been no significant change in the patient's exam or symptoms. The records stated the patient has already had a previous MRI within 6 months. According to the clinical documentation provided and current MTUS guidelines; a repeat MRI is not indicated as a medical necessity to the patient at this time. The request IS NOT medically necessary.