

Case Number:	CM15-0074047		
Date Assigned:	04/24/2015	Date of Injury:	03/14/2011
Decision Date:	06/11/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/20/2015

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, Georgia
 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 51-year-old female, who sustained an industrial injury on 3/14/2011. The current diagnoses are cervical pain, cervical sprain/strain, degenerative disc disease of the cervical spine, and status post cervical fusion at C6-C7 level. According to the progress report dated 3/26/2015, the injured worker complains of neck pain with radiation down bilateral arms. The pain is rated 2/10 with medications and 10/10 without. Additionally, she reports pain in her head, upper/mid/lower back, bilateral shoulders, bilateral arms, and bilateral feet. The current medications are Norco, Cyclobenzaprine, Ambien, Crestor, Zetia, Atenolol, and Benicar. Treatment to date has included medication management, X-rays, MRI studies, computed tomography scans, electrodiagnostic testing, physical therapy (moderate relief), chiropractic (moderate relief), home exercise program, steroid injection to the shoulder (moderate relief), cervical epidural steroid injection (excellent relief), and surgical intervention. The plan of care includes MRI and X-ray 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 of the right shoulder non-contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessment Approaches; History and Physical Examination. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Shoulder (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: ACOEM chapter on shoulder complaints describes that MRI is recommended for pre-operative evaluation of partial or full thickness rotator cuff tears. MRI is not recommended for routine investigation of the shoulder joint for evaluation without surgical indication. The submitted medical records do not describe a concern for rotator cuff tear and do not indicate any plan for surgical intervention. As such, shoulder MRI is not medically indicated.

X-Ray of right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessment Approaches; History and Physical Examination. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Shoulder (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 206.

Decision rationale: ACOEM states that imaging for shoulder complaints, in the absence of red flag symptoms, is not indicated during the first 4-6 weeks of conservative care for a shoulder complaint. In this case, the symptoms are described as referred pain from cervical disc disease. There are no physical examination findings for which X-ray of shoulder would be indicated. X-ray of shoulder is not medically indicated.