

Case Number:	CM15-0075147		
Date Assigned:	04/27/2015	Date of Injury:	12/30/2013
Decision Date:	05/22/2015	UR Denial Date:	04/09/2015
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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 53-year-old female who sustained an industrial injury on 12/30/2013. The injured worker was diagnosed with rotator cuff tear right shoulder and adhesive capsulitis. Treatment to date includes diagnostic testing, surgery, physical therapy, magnetic resonance imaging (MRI) with magnetic resonance arthrogram and ultrasound-guided injection on November 5, 2014 and medications. The injured worker is status post-right shoulder arthroscopy with debridement, Mumford procedure and decompression of the subacromial space with partial acromioplasty in June 2014 and revision of right shoulder rotator cuff repair and decompression in December 2014. According to the latest submitted primary treating physician's progress report on November 12, 2014, the injured worker continues to experience right shoulder pain and weakness. The injured worker rates her pain at rest at 3/10 and increasing to 4/10 with activity. The injured worker denied numbness and tingling. This report is prior to the revision of the rotator cuff with decompression. Current medication is not listed. Treatment plan consists of the current request for cervical spine magnetic resonance imaging (MRI) and a magnetic resonance arthrogram 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 cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: The request in this injured worker with chronic neck pain is for a MRI of the cervical spine. The records do not document a physical exam with any red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects and neck pathology and may be utilized in preparation for an invasive procedure. In the absence of physical exam evidence of red flags, a MRI of the cervical spine is not medically indicated.

MR Arthrogram right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-224.

Decision rationale: The request in this injured worker with chronic pain is for a MRI of the shoulder. The injured worker is status post-right shoulder arthroscopy with debridement, Mumford procedure and decompression of the subacromial space with partial acromioplasty in June 2014 and revision of right shoulder rotator cuff repair and decompression in December 2014. The records do not document a physical exam with red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects such as a rotator cuff tear and may be utilized in preparation for an invasive procedure. In the absence of physical exam evidence of red flags, a MR arthrogram shoulder is not medically indicated. The medical necessity of a shoulder MR arthrogram is not substantiated in the records.