MAXIMUS Federal Services

Case Number:	CM15-0090067		
Date Assigned:	05/14/2015	Date of Injury:	08/11/2013
Decision Date:	06/17/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/11/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 57-year-old male, who sustained an industrial injury on 8/11/13. He reported neck and right shoulder pain. The injured worker was diagnosed as having right shoulder status post arthroscopic rotator cuff repair with subacromial decompression, residual right shoulder pathology, cervical strain, and trapezial/periscapular strain on the right. Treatment to date has included a right shoulder arthroscopic rotator cuff repair with extensive debridement on 6/5/14, right shoulder arthroscopic subacromial decompression and acromioplasty, physical therapy, chiropractic treatment, a home exercise program, and medications. A MRI of the right upper extremity obtained on 4/1/15 revealed persistent tendinopathy, infraspinatus insertional tendinopathy with partial-thickness undersurface rim-rent tear, a broad labral tear, and moderate biceps tendinopathy. A MRI of the cervical spine obtained on 4/1/15 revealed a lesion within the cervical cord at C3 with distortion and expansion of the posterior cord contour, degenerative and hypertrophic changes thought the cervical and vertebral levels, moderate-severe central canal narrowing at C6-7 with mild flattening of the cervical cord contours, and multilevel neural foraminal narrowing at C5-6 and C6-7. Currently, the injured worker complains of right-sided neck pain extending into the right shoulder. The treating physician requested authorization for a MRI of the cervical spine and a MRI 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 cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-7. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Neck Chapter, MRI.

Decision rationale: Regarding the request for cervical MRI, CA MTUS and ACOEM guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. ODG states that repeat MRI is not routinely recommended in less there is a significant change in symptoms and or findings suggestive of significant pathology. Within the documentation available for review, it appears that an MRI was performed 15 days prior to the current request and there is no indication of any red flags or another clear rationale for repeating the study. In the absence of such documentation, the requested cervical MRI is not medically necessary.

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic resonance imaging (MRI).

Decision rationale: Regarding the request for MRI of the shoulder, Occupational Medicine Practice Guidelines state that more specialized imaging studies are not recommended during the 1st month to 6 weeks of activity limitation due to shoulder symptoms except when a red flag is noted on history or examination. Cases of impingement syndrome are managed the same whether or not radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Guidelines go on to recommend imaging studies for physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. ODG cites that repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation available for review, is appears that an MRI was performed 15 days prior to the current request and there is no indication of any red flags or other significant change in the patient symptoms and/or findings suggesting a significant worsening of the patient's pathology or a new issue which needs to be evaluated by MRI. In the absence of clarity regarding those issues, the currently requested shoulder MRI is not medically necessary.