

Case Number:	CM15-0092657		
Date Assigned:	05/19/2015	Date of Injury:	01/08/2015
Decision Date:	06/29/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/13/2015

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

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 28-year-old female, who sustained an industrial injury on 1/8/15. She reported head pain and a tender patella. The injured worker was diagnosed as having traumatic brain injury, post-concussion syndrome, left knee trauma/contusion, bilateral shoulder strain, right shoulder rotator cuff injury, cervical sprain/strain, and lumbar sprain/strain. Treatment to date has included electro acupuncture, physical therapy, and medication including Norco and Flexeril. Currently, the injured worker complains of neck pain, low back pain, and shoulder pain. The treating physician requested authorization for a MRI of the right shoulder and brain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Right Shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder chapter- Magnetic resonance imaging (MRI); Head chapter - Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, MRI.

Decision rationale: The patient was injured on 01/08/15 and presents with cervical spine pain, lumbar spine pain, and right shoulder pain. The request is for a MRI OF RIGHT SHOULDER. The utilization review denial letter did not provide a rationale. The RFA is dated 04/06/15 and the patient is on modified work duty. Review of the reports provided does not indicate if the patient had a prior MRI of the right should ACOEM Guidelines has the following regarding shoulder MRI on pages 207-208, "Routine testing (laboratory tests, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain." ACOEM Guidelines page 207-208 continues to state that the primary criteria for ordering imaging studies include: 1. Emergency red flags. 2. Physiologic evidence of tissue insult. 3. Failure to progress in strengthening program. 4. Clarification of anatomy prior to an invasive procedure. The ODG Guidelines under shoulder chapter supports MRI of the shoulder if conservative measures have failed and rotator cuff/labral tear are suspected. The reason for the request is not provided. The patient is diagnosed with traumatic brain injury, post-concussion syndrome, left knee trauma/contusion, bilateral shoulder strain, right shoulder rotator cuff injury, cervical sprain/strain, and lumbar sprain/strain. Range of motion for the right shoulder is decreased and the patient is positive for a right shoulder cuff tear. Given that the patient has a limited right shoulder range of motion and is diagnosed with a right shoulder rotator cuff injury and bilateral shoulder strain, an MRI appears reasonable and supported by the guidelines. The requested MRI of the right shoulder IS medically necessary.

MRI (Magnetic Resonance Imaging) of the Brain: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter, MRI.

Decision rationale: The patient was injured on 01/08/15 and presents with cervical spine pain, lumbar spine pain, and right shoulder pain. The request is for a MRI OF THE BRAIN. The RFA is dated 04/06/15 and the patient is on modified work duty. Review of the reports provided does not indicate if the patient had a prior MRI of the brain. ODG Guidelines under its head chapter, MRI, states this is a well-established brain imaging study and it is indicated as follows: Explain neurological deficit not explained by CT, to evaluate prolonged interval of disturbed consciousness to determine evidence of acute changes superimposed on previous trauma or disease. MRI is more sensitive than CT for detecting traumatic cerebral injury. The reason for the request is not provided. The patient is diagnosed with traumatic brain injury, post-concussion syndrome, left knee trauma/contusion, bilateral shoulder strain, right shoulder rotator cuff injury, cervical sprain/strain, and lumbar sprain/strain. The patient has some head pain but no neurologic deficits are described. No loss of consciousness at the time of injury is reported and no indication of a CT scans initially. There is no prior MRI of the brain provided but given the lack of any neurologic symptoms other than head pain, the requested MRI of Brain IS NOT medically necessary.