

Case Number:	CM15-0095021		
Date Assigned:	05/21/2015	Date of Injury:	11/30/2000
Decision Date:	06/24/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/18/2015

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: Emergency 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 68 year old male, who sustained an industrial injury on November 30, 2000. The injured worker was diagnosed as having left carpal and cubital tunnel syndrome with release, shoulder joint pain and arthritis of shoulder bilateral shoulder arthroscopy. Treatment to date has included chiropractic, acupuncture, physical therapy electromyogram and medication. A referral note dated February 26, 2015 the injured worker was seen due to possible hypertension. He complains of left shoulder pain rated 5/10. Physical exam notes decreased range of motion (ROM) of the shoulder with decreased strength and left elbow positive Tinel's test. There is a request for magnetic resonance imaging (MRI) of the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Thoracic Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM July 2012 and Official Disability Guidelines (ODG), Back, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: As per ACOEM guidelines, indications for upper back imaging include "red flag" findings, physiological evidence of neurological or physiological dysfunction, failure to progress in strengthening program and pre-invasive procedure. The documentation does not support any indication for imaging. All provided documentation involves complaints of shoulder and hand pain. There is no justification or complaints noted concerning back pain. There is no neurological deficits or any documentation of any basic physical therapy done for back. There is not a single indication documented to recommend MRI of thoracic spine.