

Case Number:	CM15-0095734		
Date Assigned:	05/22/2015	Date of Injury:	07/17/2014
Decision Date:	06/29/2015	UR Denial Date:	04/17/2015
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: 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 32-year-old male, who sustained an industrial injury on July 17, 2014. He reported right shoulder and upper extremity pain with associated tingling and numbness after pushing a heavy cart with a lot of force that suddenly locked and came to a halt. The injured worker was diagnosed as having calcification of unclear significance of the right shoulder, question of middle glenohumeral ligament tear diagnosed with magnetic resonance arthrogram of the right shoulder, acromioclavicular arthritis of the right shoulder and numbness of unclear etiology of the right upper arm. Treatment to date has included radiographic imaging, electro diagnostic studies, physical therapy, cortisone injection, medications and work restrictions. Currently, the injured worker complains of continued right shoulder and upper extremity pain with associated tingling, numbness and decreased sensation. He also reported migraine headaches and sleep disruptions. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. X-ray studies of the right shoulder revealed tiny calcific tendency over the superior glenoid. Magnetic resonance imaging revealed a bulging cervical disc and electro diagnostic study revealed no acute abnormalities. Evaluation on March 2, 2015, revealed continued pain as noted with associated symptoms. A magnetic resonance imaging of the brain was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the brain without dye: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Head chapter, MRI.

Decision rationale: The patient presents with right shoulder and upper extremity pain. The request is for MRI OF THE BRAIN WITHOUT DYE. The request for authorization is not provided. EMG/NCS of the upper extremity, 12/23/14, shows the left upper extremity nerve conduction study reveals no evidence of peripheral neuropathy. EMG examination is suggestive of mild brachial plexus injury involving the posterior and lateral cords. He is independent with his self-care activities. He continues to drop objects. Patient's medication includes Gabapentin. Per progress report dated 04/20/15, the patient is on modified work. 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. Per progress report dated 04/02/15, treater's reason for the request is "Because of the unusual symptomatology, we are ordering a brain MRI to exclude any occult process as well." Most progress reports are handwritten, mostly illegible with minimal information. Review of provided medical records shows no prior MRI or CT scan of the brain. However, treater does not discuss any neurological findings to support the request other than "headaches." In this case, the patient does not meet the requirements set by ODG for an MRI of the brain. The patient does not present with any neurologic symptoms, no history of head injury or trauma, and no red flags. Therefore, the request IS NOT medically necessary.