

Case Number:	CM15-0097176		
Date Assigned:	05/27/2015	Date of Injury:	12/04/2013
Decision Date:	06/25/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/20/2015

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: 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 43 year old female, who sustained an industrial injury on December 4, 2013, incurring shoulder, back and neck injuries. Magnetic Resonance Imaging of the cervical spine revealed disc bulging, canal stenosis and foraminal narrowing. Electromyography studies revealed no evidence of entrapment neuropathy. She was diagnosed with cervical radiculopathy, lumbosacral radiculopathy, shoulder impingement and wrist tendonitis and bursitis. Treatment included physical therapy, work restrictions, pain medications, analgesics patches and creams. Currently, the injured worker complained of persistent neck and back pain radiating into the upper and lower extremities and right shoulder. Upon examination, there was noted loss of strength, tenderness, spasms and decreased range of motion. The treatment plan that was requested for authorization included Magnetic Resonance Imaging of the right shoulder without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right shoulder without intra-articular contrast: 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): Chapter 9, Shoulder Complaints, Special Studies and Diagnostic Considerations, page 209.

Decision rationale: Per MTUS Treatment Guidelines, criteria for ordering imaging studies are, red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Clinical report does not demonstrate such criteria and without clear specific evidence to support the diagnostic studies, medical necessity for shoulder MRI has not been established. The MRI of right shoulder without intra-articular contrast is not medically necessary and appropriate.