

Case Number:	CM16-0213037		
Date Assigned:	11/09/2016	Date of Injury:	10/13/2016
Decision Date:	12/09/2016	UR Denial Date:	11/03/2016
Priority:	Standard	Application Received:	11/03/2016

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, North Carolina
Certification(s)/Specialty: Family Practice

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 48 year old male who sustained an industrial injury on 10-13-16. The injured worker was being treated for the diagnoses of right shoulder contusion, neck strain, right shoulder injury, scapulothoracic syndrome and right arm paresthesias. The injured worker was evaluated on 10-19-16 for complaints of neck, back and right shoulder pain. The injured worker was concerned about numbness and weakness in the right arm and reported limited range of motion of the shoulder. The pain was rated 6-8 on a 10-point scale. The injured worker had joint pain, stiffness, muscle aches and weakness. Objective findings included tenderness to palpation of the cervical spine, right cervical paraspinal muscles and upper trapezius muscles. There was palpable spasm and limited range of motion of the neck. The injured worker had tenderness to palpation over the anterolateral aspect of the right shoulder and right shoulder range of motion included flexion to 130 degrees, abduction to 90 degrees, and extension to 40 degrees. Hawkins impingement maneuver was positive and motor power was 4+ over 5 with abduction and flexion. X-ray of the right shoulder on 10-13-16 revealed evidence of right shoulder rotator cuff tendinopathy. The treatment plan included MRI of the cervical spine to rule out herniated nucleus pulposus and MRI of the right shoulder to rule out rotator cuff tear. Treatment to date has included modified work duties, diagnostic imaging, diagnostic imaging, and home exercise program. On 11-3-16, utilization review determined MRI of the cervical spine without contrast and MRI of the right shoulder without contrast was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: CA MTUS/ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic exam is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, the request is for an MRI of the shoulder. However, there is no documentation of the claimant's willingness to consider or contemplate any kind of surgical intervention based on the outcome of the MRI. There is no evidence of any red flag conditions. There is no evidence of specific nerve compromise warranting an MRI. Therefore, the request for an MRI of the shoulder is determined to be not medically necessary.

MRI of the cervical spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: CA MTUS/ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic exam is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, the request is for an MRI of the cervical spine. However, there is no documentation of a willingness to consider or contemplate any kind of surgical intervention based upon the outcome of the MRI. There is no evidence of any red flag conditions. There is no evidence of specific nerve compromise warranting an MRI, and nerve root compromise is not a likely pain generator in this claimant. Therefore, the request for an MRI of the cervical spine is determined to be not medically necessary.