

Case Number:	CM13-0012952		
Date Assigned:	01/03/2014	Date of Injury:	09/17/1999
Decision Date:	05/09/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/19/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for shoulder pain reportedly associated with an industrial injury of September 17, 1999. Thus far, the applicant has been treated with following: Analgesic medications; topical agents; attorney representation; prior lumbar spine surgery; prior cervical fusion surgery; and extensive periods of time off of work. The applicant has reportedly been deemed permanently disabled. In a Utilization Review Report of August 7, 2013, the claims administrator reportedly denied a request for an initial shoulder MRI. The applicant's attorney subsequently appealed. A June 26, 2013 progress note is notable for comments that the applicant reports persistent neck, low back, and shoulder pain, ranging from 6-8/10. The applicant exhibits a slow antalgic gait. Limited lumbar range of motion is noted. The applicant is given diagnoses of lumbar radiculopathy, chronic low back pain, chronic neck pain, morbid obesity, erectile dysfunction, and status post left shoulder surgery. A Toradol injection is administered in the clinic. A right shoulder MRI is requested. Lortab, oral ketoprofen, Neurontin, Viagra, lidocaine, oral Voltaren, Prilosec, and long-acting morphine are endorsed. It is stated that the applicant has not had a prior shoulder MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL MRI - RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 214.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 9, Table 9-6 does state that MRI imaging is "recommended" in the preoperative evaluation of partial-thickness or large full-thickness rotator cuff tears, in this case, however, there is no clearly voiced suspicion of any rotator cuff tear for which MRI imaging would be indicated. There is no evidence that the applicant is considering or contemplating shoulder surgery insofar as the right shoulder is concerned. The progress note provided only briefly touched upon the applicant's right shoulder issues. No right shoulder exam was apparently performed. No clear description of the extent, nature, severity, scope, and/or duration of the applicant's shoulder issues was provided. Therefore, the proposed shoulder MRI is not certified, for all of the stated reasons.