

Case Number:	CM13-0016005		
Date Assigned:	03/12/2014	Date of Injury:	05/19/2012
Decision Date:	04/24/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/23/2013

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 chronic shoulder, low back, neck, right foot, ankle, hip, and knee pain reportedly associated with an industrial injury of May 19, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and work restrictions. It does not appear that the applicant is working, however, with restrictions in place. In a Utilization Review Report of August 13, 2013, the claims administrator denied a request for shoulder MRI imaging. The applicant's attorney subsequently appealed. A September 19, 2013 progress note is notable for multifocal complaints of neck, shoulder, hip, knee, ankle, and foot pain, ranging from 4-7/10. The applicant's physical exam is reportedly unchanged. There are no shoulder-specific findings detailed. Physical therapy, MRI imaging of the hip, and MRI imaging of the bilateral shoulders are sought, along with extracorporeal shock wave therapy and functional capacity testing. Flexeril, omeprazole, and Tylenol are renewed.

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: 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): 214.

Decision rationale: As noted in the ACOEM Guidelines in Chapter 9, MRI imaging of the shoulder is "recommended" for the preoperative evaluation of partial-thickness or large full-thickness rotator cuff tears. In this case, however, there is no indication or evidence that the applicant is considering or contemplating any kind of surgical remedy insofar as the right shoulder is concerned. The applicant has a multitude of complaints, pertaining to the shoulder, low back, neck, arms, legs, spine, etc. There is no evidence of any focal shoulder pathology present here and no evidence that the applicant is actively considering or contemplating any kind of shoulder surgery or invasive procedure pertaining to the right shoulder. Therefore, the request for shoulder MRI imaging is not medically necessary and appropriate.