

Case Number:	CM13-0028030		
Date Assigned:	11/22/2013	Date of Injury:	07/15/2011
Decision Date:	01/23/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, 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 physician 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.

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 patient is a 28-year-old male who reported an injury on 07/15/2011. The mechanism of injury was not provided. The patient's shoulder was noted to be stiff and painful. The patient was noted to be so stiff that he was not able to fully extend the elbow. The patient was noted to be willing to perform active forward flexion to 80 degrees and there was noted to be a 40 degrees internal rotation contracture. The request was made for an MRI, a referral to [REDACTED], and a Mental Health Evaluation for a spinal cord stimulator. The patient's diagnoses were noted to include adhesive capsulitis of the shoulder and affections shoulder region NEC.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: ACOEM Guidelines recommend an MRI when a patient had unequivocal objective findings that identify specific nerve compromise on the neurologic examination. However, the clinical documentation submitted for review failed to provide objective examination findings to support the need for an MRI. Additionally, it failed to provide documentation of the part of the body that was being requested to MRI as the patient was noted

to have a previous MRI of the shoulder. Given the above, the request for MRI is not medically necessary.

Referral to [REDACTED]: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: ACOEM Guidelines indicate referral for a surgical consultation should be provided when there is a clear indication for surgery and when a patient has had a prolonged course postsurgically. The patient was noted to have a prolonged course of rehabilitation. It was noted the request was made for the patient to see the shoulder surgeon as he was noted to have active forward flexion of 90 degrees and 40 degrees of internal rotation contracture. However, the clinical documentation submitted for review indicated the patient had started physical therapy and there was a lack of sufficient length of time to support whether the patient would have positive results with the requested physical therapy. Given the above, the request for referral to [REDACTED] is not medically necessary.

Mental health evaluation for spinal cord stimulator: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation Page(s): 101.

Decision rationale: California MTUS Guidelines recommend psychological evaluations are to be performed pre-spinal cord stimulator trial. However, the clinical documentation submitted for review failed to provide the necessity for the requested service. There was lack of documentation indicating the patient had necessity for a spinal cord stimulator trial. Given the above, the request for Mental Health Evaluation for spinal cord stimulator is not medically necessary.