

Case Number:	CM13-0054236		
Date Assigned:	12/30/2013	Date of Injury:	12/12/2012
Decision Date:	03/14/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/31/2013

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 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 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. 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 pain reportedly associated with an industrial injury of December 12, 2012. Thus far, the applicant has been treated with analgesic medications, unspecified amounts of physical therapy and acupuncture, attorney representation, transfer of care to and from various providers in various specialties and unspecified amounts of chiropractic manipulative therapy. In a utilization review report of October 14, 2013, the claims administrator denied a request for additional physical therapy, manipulative therapy, and a shoulder MRI. Non-MTUS ODG guidelines were cited for the shoulder MRI denial, although the MTUS does address the topic. In a December 5, 2013 progress note, the attending provider notes that the applicant has had a previous equivocal shoulder MRI which demonstrates severe tendinosis. The attending provider writes that the applicant is now contemplating shoulder surgery. The earlier MRI is apparently too old for preoperative planning purposes, it is suggested. The applicant exhibits limited shoulder range of motion and strength scored at 4/5. Abduction and flexion are in the 160-degree range with positive signs of internal impingement present. The applicant is placed off of work, on total temporary disability. Both an updated shoulder MRI and extracorporeal shockwave therapy are sought. It is reiterated that the earlier shoulder MRI was a poor quality and an open MRI.

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: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 212.

Decision rationale: As noted in the MTUS-adopted ACOEM guidelines in chapter 9, table 9-6, MRI imaging is "recommended" for the preoperative evaluation for partial thickness or large full thickness rotator cuff tears. In this case, the applicant has a pending shoulder surgery consultation. It is suggested that the applicant is actively contemplating shoulder surgery and that a prior shoulder MRI was of poor quality and is, furthermore, too old for preoperative planning purposes. Repeat shoulder MRI imaging to more clearly delineate the anatomy of the shoulder prior to consultation with a shoulder surgeon to consider shoulder surgery is indicated. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.