MAXIMUS Federal Services

Case Number:	CM13-0058342		
Date Assigned:	12/30/2013	Date of Injury:	05/06/2011
Decision Date:	05/07/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/14/2013

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 patient is a represented [redacted] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of May 6, 2011. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; cervical epidural steroid injection therapy; reportedly normal electrodiagnostic testing of the lower extremities of April 4, 2012; and extensive periods of time off of work. In a Utilization Review Report of October 11, 2013, the claims administrator approved a cervical epidural steroid injection at C6-C7 while denying a right shoulder MRI. The claims administrator stated that he did not believe that the applicant's shoulder pain and weakness were sufficient evidence to support the MRI study in question. The applicant's attorney subsequently appealed. In a December 3, 2013 progress note, the patient is described as having persistent multifocal pain complaints. The applicant is limiting her ability to perform activities of daily living. The applicant's low back is the principal focus of pain, it is stated. Cervical and lumbar tenderness are appreciated. The patient is given diagnoses of low back pain, neck pain, and carpal tunnel syndrome. The patient is asked to pursue the previously authorized C6-C7 epidural steroid injection. On November 6, 2013, the patient was again described as reporting multiple foci of pain, principally about the low back. The patient's shoulder function was, at best, incompletely described on this visit. MRI imaging of the shoulder was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI SCAN OF THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 224.

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, and page 214 do recommend MRI imaging as part of the preoperative evaluation of partial-thickness or large full-thickness rotator cuff tears, ACOEM does not endorse usage of routine MRI imaging studies without surgical indications. In this case, there is no mention, suggestion, or insinuation that the applicant is actively considering or contemplating shoulder surgery. It is unclear why shoulder MRI imaging is being sought. Overall documentation of issues pertaining to the shoulder is sparse. The bulk of the applicant's pathology seemingly pertains to the lumbar spine. There is no mention that the applicant is intent on acting on the results of the shoulder MRI. No rationale for the test in question was provided. Therefore, the request is not certified, for all of the stated reasons.