MAXIMUS Federal Services

Case Number:	CM13-0069653		
Date Assigned:	02/12/2014	Date of Injury:	10/14/2006
Decision Date:	06/24/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/23/2013

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 has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 14, 2006. 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 over the life of the claim; and 24 sessions of chiropractic manipulative therapy and 12 sessions of acupuncture over the life of the claim, per the claims administrator. In a Utilization Review Report dated November 22, 2013, the claims administrator denied a request for shoulder MRI (magnetic resonance imaging) imaging, stating that the attending provider had not documented the outcome of prior conservative treatment including the physical therapy and manipulative treatment performed to date. In its denial, the claims administrator cited non-MTUS 2008 ACOEM Guidelines for shoulder MRI imaging, which it mislabeled and misrepresented as originating from the MTUS. In its utilization review denial, the claims administrator cited a November 5, 2013 office visit; however, this office visit was not incorporated into the IMR packet. The applicant's attorney subsequently appealed. Multiple progress notes interspersed throughout 2012 and 2013 stated that the applicant was off of work, on total temporary disability. In a progress note dated June 12, 2013, the applicant was described as reporting persistent shoulder pain, 5/10. The applicant exhibited markedly limited shoulder range of motion, with flexion to 120 degrees and abduction to 65 degrees. Range of motion was painful. Acupuncture, Naprosyn, Zanaflex, and Prilosec were endorsed. The remainder of the file was surveyed. There was no evidence or mention of earlier shoulder MRI imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI RIGHT SHOULDER: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, OCCUPATIONAL MEDICINE PRACTICE GUIDELINES 2ND EDITION (2008 REVISION), 561-563

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202-203 & 208.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines, primary criteria for ordering imaging studies include evidence of failure to progress in a strengthening program intended to avoid surgery and/or clarification of the anatomy prior to an invasive procedure. In this case, the applicant has seemingly failed to return to work. Significant signs and symptoms of shoulder internal derangement persist. The applicant's shoulder range of motion was described as markedly limited on an office visit in July 2013, referenced above. The applicant's presentation, then, was highly suggestive of some intrinsic shoulder pathology, such as rotator cuff tear and/or adhesive capsulitis, for which MRI (magnetic resonance imaging) can be employed either for preoperative purposes or for diagnostic clarification issues, per the MTUS-adopted ACOEM Guidelines. It is further noted that, contrary to what was suggested by the claims administrator, that the applicant has in fact proven recalcitrant to extensive conservative treatment in the form of time, medications, manipulative therapy, physical therapy, acupuncture, medications, etc. MRI imaging is indicated to clearly delineate the claimant's residual shoulder pathology. Therefore, the request is medically necessary.