

Case Number:	CM14-0004438		
Date Assigned:	02/05/2014	Date of Injury:	07/31/2000
Decision Date:	07/15/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/13/2014

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:

This is a 56-year-old female with a 7/31/00 date of injury. She has a diagnosis of lumbago and thoracic/lumbosacral neuritis/radiculitis. The patient was most recently seen on 11/19/13 where the patient complained of ongoing low back, neck, right arm and right shoulder pain. Exam findings were limited to the cervical and lumbar spine. Treatment to date of the right shoulder has not been well described. UR decision dated 12/12/13 denied the request given the patient's date of injury was in 2000 and there was no imaging of the right shoulder available for review. The request for consult to a surgeon was likewise denied because patient's previous consult was not included the records submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ACOEM, page127 and Official Disability Guidelines, Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208,209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Shoulder Chapter, MRI).

Decision rationale: CA MTUS criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. In addition, ODG criteria for shoulder MRI include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on MRI. The patient has a 2000 date of injury and there is no documentation of plain films for other imaging to date for the right shoulder. In addition, there is no indication of an impending invasive procedure, and conservative treatment to the shoulder has not been well described. In addition, there is no recent shoulder exam documented. Therefore, the request for a right shoulder MRI is not medically necessary.

CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, the patient had a previous consult to surgery concerning possibility of right shoulder surgery. However, progress report from the consultation was not made available for review. Moreover, recent progress reports failed to include a comprehensive physical examination of the shoulder, which may warrant consultation. The medical necessity was not established. Therefore, the request for consultation with [REDACTED] is not medically necessary.