

Case Number:	CM14-0122541		
Date Assigned:	09/25/2014	Date of Injury:	08/02/2013
Decision Date:	11/24/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/04/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of August 2, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of acupuncture; and earlier shoulder surgery. In a Utilization Review Report dated July 7, 2014, the claims administrator apparently approved a conventional MRI of the left shoulder while denying 3 dimensional MRI of the left shoulder. The applicant's attorney subsequently appealed. In an April 9, 2014 progress note, the applicant reported ongoing complaints of shoulder pain with tenderness appreciated about the AC joint. 108 degrees of right shoulder flexion and abduction are appreciated versus 180 degrees of left shoulder flexion and abduction. The note was very difficult to follow. In another section of the note, the attending provider stated that the applicant had limited range of motion about the left shoulder and there was obvious weakness about the left shoulder. Additional acupuncture and MRI of the left shoulder were sought to evaluate for further pathology. Work restrictions were endorsed, although it was not clearly stated whether the applicant was working with said limitations in place. It appeared that the attending provider's reporting might have intermittently juxtaposed the terms left shoulder and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

3D MRI- Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic Resonance Imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 214, the routine usage of MRI imaging for evaluation purposes without surgical indications is deemed "not recommended." In this case, there was no explicit statement (or implicit expectation) on the attending provider that the applicant would act on the results of the proposed shoulder MRI and/or that the applicant would consider further surgical intervention involving the same. It is further noted that the attending provider reporting seems to have juxtaposed issues involving the left shoulder with the right shoulder, further making it difficult to approve the request as written. Therefore, the request is not medically necessary.

MRI- Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 04/25/14), Magnetic Resonance Imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 214, the routine usage of MRI imaging without surgical indications is "not recommended." In this case, it did not appear that the applicant was intent on acting on the results of the proposed shoulder MRI and/or was in fact considering or contemplating further surgery involving the same. The fact that both MRI and 3 dimensional MRI imaging were concurrently sought implies that the studies were seemingly being performed for routine evaluation purposes with no clear intention of acting on the results of the same. Therefore, the request is not medically necessary.