

Case Number:	CM14-0173574		
Date Assigned:	10/24/2014	Date of Injury:	09/16/2011
Decision Date:	12/04/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/21/2014

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 hip and shoulder pain reportedly associated with an industrial injury of September 16, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier carpal tunnel release surgery; adjuvant medications; a trigger finger release surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 15, 2014, the claims administrator denied a request for shoulder and hip MRI imaging. The claims administrator, in its UR report, stated that it was basing its denial on an October 2, 2014 progress note. The applicant's attorney subsequently appealed. In a progress note dated October 2, 2014, the applicant reported ongoing complaints of elbow pain, hip pain, wrist pain, bilateral upper extremity pain, and shoulder pain. The applicant was using a cane to move about. The applicant stated that her hip was giving way. The applicant stated that she was having issues with anxiety. The applicant's problem list included anxiety disorder, arthritis, asthma, depression, diabetes, hypertension, and psoriasis. The applicant was using Neurontin, Lipitor, metformin, and Actonel, it was acknowledged. The applicant was reportedly overweight, although the applicant's weight was not described. Both MRI imaging of the shoulder and hip were endorsed. It was stated that the MRI studies could influence the treatment plan. This was not, however, elaborated or expounded upon.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right shoulder qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 2067-209.

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, routine usage of MRI or arthrography without surgical indications is deemed "not recommended." In this case, it was not clearly stated what was sought. It was not clearly stated what was suspected. The attending provider did not clearly state that the applicant was actively considering or contemplating any kind of surgical intervention involving the injured shoulder on and around the date of the request. The applicant's shoulder range of motion and/or strength were not formally assessed on the date of the request, making it difficult to infer or extrapolate what the operating diagnosis was. The fact that multiple MRIs were sought did imply that the attending provider was in fact intent on obtaining multiple MRI studies for evaluation purposes with no clearly formed intention of acting on the results of the same. Therefore, the request is not medically necessary.

MRI right hip qty 1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Hip and Groin Chapter, MRI Imaging section.

Decision rationale: The MTUS does not address the topic of hip MRI imaging. As noted in the Third Edition ACOEM Guidelines Hip and Groin Chapter MRI Imaging section, MRI imaging is "not recommended" for the routine evaluation of acute, subacute, or chronic hip joint pathology, including hip degenerative joint disease. In this case, as with the request for shoulder MRI imaging, the attending provider did not clearly state what was sought. The attending provider did not state what was suspected. The attending provider did not state how the proposed hip MRI would influence or alter the treatment plan. There was no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving the hip, implying that the study was being performed for routine or evaluation purposes, with no clearly formed intention of acting on the results of the same. Therefore, the request is not medically necessary.