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| Case Number: | CM14-0184125 | | |
| Date Assigned: | 11/12/2014 | Date of Injury: | 11/30/2009 |
| Decision Date: | 12/18/2014 | UR Denial Date: | 10/13/2014 |
| Priority: | Standard | Application Received: | 11/05/2014 |

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 shoulder pain reportedly associated with an industrial injury of November 30, 2009. In a Utilization Review Report dated October 30, 2014, the claims administrator failed to approve request for MRI imaging of the shoulder. The applicant's attorney subsequently appealed. In an October 20, 2014 progress note, handwritten, the applicant reported 6 to 8/10 shoulder pain. It was stated that the MRI imaging of the shoulder was pending. Limited shoulder range of motion was noted. The note was somewhat difficult to follow. The applicant's range of motion was seemingly described as severely or significantly limited. A shoulder corticosteroid injection was apparently performed while the applicant was placed off of work, on total temporary disability. In a narrative report dated September 24, 2014, the applicant was described as "disabled" on a psychiatric basis. It was stated that the applicant had alleged gradual onset shoulder pain secondary to cumulative trauma from repetitive keyboarding beginning in 2009. The applicant was using Effexor and Xanax. 5/5 shoulder strength was noted. It was stated the applicant's shoulder range of motion was markedly restricted while x-rays of the shoulder were negative. Physical therapy and MRI imaging of the shoulder were endorsed while the applicant was placed off of work, on total temporary disability. Topical compounded cream was endorsed. The attending provider stated that he would potentially consider manipulation of the shoulder under anesthesia procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),
Shoulder: MRI

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

Decision rationale: The attending provider has posited that the applicant may carry a diagnosis of shoulder adhesive capsulitis for which manipulation under anesthesia procedure may be indicated. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-2, page 203, MRI imaging is recommended to further evaluate a suspected diagnosis of adhesive capsulitis in applicants in whom the diagnosis is unclear. In this case, the attending provider has seemingly suggested the diagnosis is not entirely clear and that the proposed MRI imaging could potentially influence and/or alter the treatment plan, as well as potentially determine the applicant's need for surgical intervention involving the affected shoulder. Therefore, the request is medically necessary.