

Case Number:	CM14-0033170		
Date Assigned:	09/12/2014	Date of Injury:	08/19/2010
Decision Date:	11/07/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/17/2014

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:

According to the records made available for review, this is a 58-year-old male with an 8/19/10 date of injury. At the time (2/13/14) of the request for authorization for MRI of right shoulder without contrast, evaluation and treatment with internal medicine doctor for GI problems, and re-evaluation and treatment, there is documentation of subjective (pain and weakness in the right upper extremity, continues with aching, stiffness and pain in the right shoulder, he is also symptomatic in regard to some GI issues) and objective (forward flexion and abduction to 150 degrees with stiffness and pain and internal rotation to the SI joint) findings, current diagnoses (history of a complex regional pain syndrome with sympathetically maintained pain and right shoulder arthroscopy on February 29, 2010 with revision arthroscopy and EUA (exam under anesthesia)/MUA (manipulation under anesthesia) on 12/23/11), and treatment to date (medication). Medical reports identify last MRI studies are from some time ago.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right shoulder without contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines: Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of preoperative evaluation of partial thickness or large full-thickness rotator cuff tears, as criteria necessary to support the medical necessity of shoulder MRI. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnoses of history of a complex regional pain syndrome with sympathetically maintained pain and right shoulder arthroscopy on February 29, 2010 with revision arthroscopy and EUA/MUA on 12/23/11. In addition, there is documentation that the last MRIs are from some time ago. However, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for MRI of right shoulder without contrast is not medically necessary.

Evaluation and treatment with internal medicine doctor for GI problems: Upheld

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

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) Independent Medical Examinations and consultations, page(s) 127

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of history of a complex regional pain syndrome with sympathetically maintained pain and right

shoulder arthroscopy on February 29, 2010 with revision arthroscopy and EUA/MUA on 12/23/11. In addition, there is documentation of GI issues. However, there is no documentation of subjective and objective G.I. findings or how the requested evaluation and treatment with internal medicine doctor for GI problems will aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for evaluation and treatment with internal medicine doctor for GI problems is not medically necessary.

Re-evaluation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) Independent Medical Examinations and Consultations, page(s) 127 and on the Official Disability Guidelines (ODG) Pain Chapter, Office visits. Official Disability Guidelines (ODG) Pain Chapter, Office visits

Decision rationale: MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information available for review, there is documentation of diagnoses of history of a complex regional pain syndrome with sympathetically maintained pain and right shoulder arthroscopy on February 29, 2010 with revision arthroscopy and EUA/MUA on 12/23/11. However, there is no documentation identifying the specific treatment requested. Therefore, based on guidelines and a review of the evidence, the request for re-evaluation and treatment is not medically necessary.