

Case Number:	CM14-0034384		
Date Assigned:	06/20/2014	Date of Injury:	04/13/2007
Decision Date:	08/05/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/19/2014

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, neck, elbow, and hand pain reportedly associated with an industrial injury of April 13, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; electrodiagnostic testing of February 5, 2014, reportedly negative for carpal tunnel syndrome, radiculopathy, and/or neuropathy; unspecified amounts of physical therapy; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report dated March 6, 2014, the claims administrator denied a request for shoulder MRI imaging. Despite the fact that the MTUS addressed the topic, the claims administrator nevertheless cited non-MTUS ODG Guidelines exclusively. The applicant's attorney subsequently appealed. In a progress note dated February 12, 2014, the applicant presented with persistent neck pain, shoulder pain, paresthesias about the arm, and low back pain radiating to bilateral lower extremities. The applicant was placed off of work, on total temporary disability, for six weeks, while various medications were refilled. Authorization was sought for shoulder and neck MRI imaging.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6, page 214.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 214, routine MRI imaging or arthrography for evaluation without surgical indications is deemed not recommended. In this case, the attending provider is seemingly seeking authorization for numerous MRIs, without any indication or mention that the applicant is actively considering or contemplating a surgical remedy. The attending provider's reporting, moreover, seemingly focused on issues associated with other body parts, including the neck, as opposed to the shoulder. There is no mention that the applicant is actively considering or contemplating shoulder surgery. Therefore, the request is not medically necessary.