

Case Number:	CM14-0057823		
Date Assigned:	07/09/2014	Date of Injury:	04/25/2007
Decision Date:	09/09/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/28/2014

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 April 25, 2007. Thus far, the applicant has been treated with right shoulder surgery; right wrist surgery; left and right carpal tunnel release surgeries; shoulder corticosteroid injection therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated April 1, 2014, the claims administrator denied a request for left shoulder MRI imaging, stating that there was no evidence of recent completion of a course of conservative therapy. The claims administrator did not state what guideline or guidelines it was basing its position on and did not incorporate cited guidelines into its rationale. The applicant's attorney subsequently appealed. In an October 14, 2013 office visit, the applicant reported persistent complaints of neck pain, right shoulder pain, right elbow pain, right wrist pain, ranging from 7-10/10. Left shoulder range of motion is described as well preserved, with flexion and abduction to 180 degrees. Authorization was sought for a wrist ganglion cyst removal surgery while the applicant was placed off of work, on total temporary disability. On April 7, 2014, the applicant reported persistent complaints of multifocal pain, including left shoulder pain scored at 9/10. The applicant exhibited limited left shoulder range of motion with flexion and abduction to 120 degrees. Positive signs of internal impingement were noted. Left shoulder MRI imaging was sought to rule out internal derangement of the same. Various topical compounded medications were sought while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Left Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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, MRI imaging is recommended in the preoperative evaluation of large partial thickness and/or full thickness rotator cuff tears, as appears to be present here. In this case, the applicant's presentation with complaints of severe left shoulder pain, 9/10, coupled with diminished range of motion and positive signs of internal impingement appreciated on the April 2014 office visit in question, do suggest the presence of a rotator cuff tear for which MRI imaging is indicated. The fact that the applicant has sought and received earlier right shoulder surgery and multiple wrist surgeries does suggest that the applicant may very well be considering or contemplating left shoulder surgery. Preoperative MRI imaging is therefore indicated. Accordingly, the request is medically necessary.