

Case Number:	CM14-0072140		
Date Assigned:	07/16/2014	Date of Injury:	03/10/2014
Decision Date:	09/22/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/19/2014

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 shoulder pain reportedly associated with an industrial injury of March 10, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and work restrictions. In a Utilization Review Report dated May 13, 2014, the claims administrator denied a request for shoulder MRI imaging. The applicant's attorney subsequently appealed. In a July 20, 2014 progress note, the applicant reported persistent complaints of shoulder pain. The applicant apparently had received MRI imaging demonstrating possible impingement syndrome and supraspinatus tendinosis. Tenderness on range of motion testing about the shoulder was noted. Additional physical therapy was endorsed. Motrin was renewed. It was stated that the applicant could consider referral to orthopedist if additional therapy treatment was failed. The shoulder MRI of July 17, 2014 was reviewed and was again notable for findings which might possibly result in impingement. Minor supraspinatus tendinosis with tendonitis was noted. On May 29, 2014, the attending provider stated that the applicant had persistent complaints of shoulder pain. Additional physical therapy, work restrictions, and MRI imaging were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT: MRI LEFT SHOULDER: Upheld

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

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 MRI imaging for evaluation purposes without surgical indications is "not recommended." In this case, the attending provider performed the shoulder MRI in question, with no intention of acting on the results of the same. The applicant did not, in fact, act on the results of the shoulder MRI in question, which was essentially negative and revealed only low-grade changes suggestive of bursitis. The applicant did not pursue a surgical remedy and/or surgical consultation, even after the shoulder MRI in question was performed. Therefore, the request was not medically necessary.