

Case Number:	CM14-0078881		
Date Assigned:	07/21/2014	Date of Injury:	07/08/2009
Decision Date:	09/23/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/29/2014

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 neck and bilateral shoulder pain reportedly associated with an industrial injury of July 8, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; a right shoulder rotator cuff repair surgery in 2011; left shoulder decompressive surgery and rotator cuff repair surgery on January 11, 2012; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated May 12, 2014, the claims administrator denied a request for an MRI of the cervical spine, invoking non-MTUS ODG Guidelines, denied a request for MR arthrography of the shoulder, denied an internal medicine consultation, and denied a request for Motrin. No clear rationale for the internal medicine consultation denial was furnished. The claims administrator, once again, invoked non-MTUS Chapter 7 ACOEM Guidelines to deny the same, despite the fact that the MTUS addresses the topic. The claims administrator, on several cases, denied the shoulder and cervical spine MRIs stating that the applicant should first obtain plain film imaging. The applicant's attorney subsequently appealed. In a handwritten note dated May 20, 2014, difficult to follow, not entirely legible, the applicant did report persistent complaints of neck pain radiating into bilateral upper extremity, burning in nature. Shoulder injection had reportedly proven unsuccessful. The applicant was having GI complaints, it was further noted. The applicant's primary treating provide, an orthopedist, apparently suggested an internal medicine evaluation/consultation for the same. The applicant also had issues with chest pain and shortness of breath, it was stated. The attending provider stated that he would re-submit for an MR arthrogram to evaluate for a labral tear and/or recurrent rotator cuff on the grounds that the applicant was worsened. Overall documentation was quite difficult to follow. The applicant was apparently using Prilosec as well as a topical compound. The applicant was not working with a rather proscriptive 15-pound

lifting limitation in place, the attending provider suggested. In a narrative typewritten report dated May 16, 2014, the attending provider appealed the previously denied shoulder MRI. The attending provider stated that the applicant had had previous plain films of the cervical spine and further noted that the applicant had ongoing radicular complaints and radicular signs about the cervical spine and bilateral arms with strength in the 5-/5 range.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI to rule out HNP, Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, neck and upper back, note "Magnetic resonance imaging.ACR Appropriateness Criteria.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does "recommend" MRI or CT imaging to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, the attending provider has not stated that the applicant is in fact considering any kind of invasive procedure insofar as the cervical spine is concerned. There was no mention of the applicant's actively considering or contemplating cervical spine surgery. There was no mention of how (or if) the cervical MRI in question would alter the treatment plan. There is no evidence that the applicant would act on the results of the cervical MRI even were it positive. Therefore, the request is not medically necessary.

MRI Arthrogram, 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 "Magnetic resonance imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Shoulder Chapter, MR Arthrogram topic.

Decision rationale: The MTUS does not address the topic of MR arthrography of the shoulder. As noted in the Third Edition ACOEM Guidelines Shoulder Chapter, however, MR arthrography is recommended for diagnosing partial-thickness rotator cuff tears and/or labral tears in applicants with subacute or chronic shoulder pain. MR arthrography, ACOEM goes on to note, has a better capacity to define labral tears. In this case, the applicant has, furthermore, had multiple prior shoulder surgeries. Introduction of MR arthrography may be best suited to help detect a labral tear and/or recurrent rotator cuff tear, given the applicant's persistent

symptomatology and postoperative scarring associated with the previous shoulder surgery. Therefore, the request is medically necessary.

Consultation with Internal medicine regarding GI upset/ Gastritis: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, second edition, chapter 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 5, page 92, referral may be appropriate if an attending provider is uncomfortable treating a particular cause of delayed recovery. In this case, the applicant's primary treating provider, an orthopedist, is likely uncomfortable treating issues with gastritis and reflux which have apparently proven recalcitrant to proton pump inhibitor, Prilosec. Obtaining the added expertise of a physician better-equipped to deal with issues with gastritis, such as an internist, is therefore indicated. Accordingly, the request is medically necessary.

Motrin 800mg, 1 PO BID PRN qty 60 refills :1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, cessation of the offending NSAID is recommended in the treatment of dyspepsia secondary to NSAID therapy. In this case, the applicant is having ongoing issues with dyspepsia, reflux, and heartburn, despite introduction of Prilosec, a proton pump inhibitor. Cessation of the NSAID in question, Motrin, does appear to be more appropriate than continuing the same, in this context. Therefore, the request is not medically necessary.