

Case Number:	CM14-0097326		
Date Assigned:	09/16/2014	Date of Injury:	10/15/2007
Decision Date:	11/24/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/25/2014

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, anxiety, depression, psychological stress, insomnia, and hypertension reportedly associated with an industrial injury of October 15, 2007. Thus far, the applicant has been treated with following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of the physical therapy over the course of the claim; an MR arthrogram of the left shoulder of January 7, 2014, notable for a deep partial thickness supraspinatus tendon tear; earlier left shoulder surgery in February 2010; and extensive periods of time off of work. In a Utilization Review Report dated June 16, 2014, the claims administrator denied a request for an MRI of the right shoulder. The claims administrator stated that it was basing its decision on ACOEM but did not invoke any guidelines in its rationale. In a progress note dated January 20, 2014, the applicant was placed off of work, on total temporary disability, owing to ongoing complains of neck, left shoulder and low back pain. A surgical consultation was sought to evaluate the applicant's left shoulder rotator cuff tear. On April 15, 2014, the applicant was again placed off of work, on total temporary disability, owing to ongoing complaints of left shoulder, neck and mid back pain. Several topical compounded medications and left shoulder surgery consultation was sought. In an April 22, 2014, progress note, the applicant reported ongoing complaints of left shoulder pain. The applicant stated that she had developed right shoulder pain complaints owing to overuse of the same. The applicant was given a diagnosis of right shoulder impingement syndrome. MRI imaging of the shoulder was sought. The applicant's work status was not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right 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): 202, 214.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 214, the routine usage of MRI imaging for evaluation purposes without surgical indications is "not recommended." In this case, the attending provider did suggest in his April 22, 2014, progress note that the MRI in question was being sought for routine evaluation purposes. There was no mention that the applicant is actively considering or contemplating any kind of surgical intervention involving the right shoulder on the date in question. It is further noted that MTUS guideline in ACOEM Chapter 9, Table 9-2 notes that no specific diagnostic testing is indicated in applicants with suspected impingement syndrome, as appears to be present here insofar as the applicant's right shoulder is concerned. Therefore, the request is not medically necessary.