

Case Number:	CM14-0187503		
Date Assigned:	11/17/2014	Date of Injury:	03/07/2000
Decision Date:	01/06/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/10/2014

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, elbow, wrist, and low back pain reportedly associated with an industrial injury of March 7, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; unspecified amounts of massage therapy; and transfer of care to and from various providers in various specialties. In a utilization review report dated October 23, 2014, the claims administrator denied a request for shoulder MRI imaging. The claims administrator stated that its decision was based on an October 17, 2014, request for authorization (RFA) form. The applicant's attorney subsequently appealed. In a May 8, 2014, progress note, the applicant reported ongoing, multifocal complaints of low back, shoulder, wrist, and neck pain, 3-8/10, aggravated by bending, twisting, and lifting. The applicant was not employed, it was acknowledged. The applicant was using Norco, cimetidine, Compazine, and ThermaCare, it was stated. A pain clinic consultation was sought. No follow-up appointment was endorsed. In an October 16, 2014, consultation, the applicant reported multifocal complaints of neck, shoulder, arm pain, and back pain. The applicant was using Norco, Aciphex, and ThermaCare heat wraps, it was noted. MRI imaging of the shoulder was sought to evaluate suspected internal derangement. A psychiatry consultation and psychotherapy were also sought, along with massage therapy. Medications were renewed. The applicant was not working and was apparently kept off work. The bulk of the commentary on file focused on discussion of the applicant's neck and back complaints and associated radicular complaints. There is no mention of how the proposed MRI would influence or alter the treatment plan.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

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, the routine usage of shoulder MRI imaging or arthrography for evaluation purposes without surgical indications is deemed "not recommended." Here, it appeared that the requesting provider was, in fact, intent on employing shoulder MRI imaging for routine or evaluative purposes, with no clearly formed intention of acting on the results of the same. There was no mention of the applicant's willingness to consider surgical intervention involving the injured shoulder on or around the date in question, October 16, 2014. The attending provider's commentary focused on discussion of the applicant's neck, low back, and psychiatric issues, with comparatively little to no discussion on the extent of the applicant's shoulder issues. Therefore, the request is not medically necessary.