

Case Number:	CM14-0187827		
Date Assigned:	11/18/2014	Date of Injury:	09/14/2011
Decision Date:	01/06/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/11/2014

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 has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier shoulder surgery; and unspecified amounts of physical therapy. In a Utilization Review Report dated October 13, 2014, the claims administrator failed to approve request for MR arthrography of the left and right shoulders. The claims administrator invoked non-MTUS Third Edition ACOEM Guidelines and non-MTUS ODG Guidelines, the former of which were mislabeled as originating from the MTUS. The claims administrator stated that its decision was based on an RFA form dated October 7, 2014. The October 7, 2014 RFA form does not appear to have been incorporated into the Independent Medical Review packet, per the claims administrator's medical evidence log, which suggested that the most recent progress note on file was dated September 23, 2014. On December 2, 2014, it was stated that the applicant had failed shoulder surgery in 2012. Painful, limited range of motion about the right shoulder was appreciated. An updated shoulder MRI was sought on the grounds that the applicant's previous shoulder MRI was performed prior to earlier shoulder surgery. Tramadol and Colace were endorsed. The note was very difficult to follow. It was suggested that the applicant pursue chiropractic manipulative therapy, physical therapy, and acupuncture. A 30-pound lifting limitation was endorsed. It was not clear whether the applicant was or not working with said limitation in place. In a September 23, 2013 progress note, the applicant reported ongoing complaints of shoulder pain. The attending provider renewed his request for shoulder MR arthrography. Limited range of motion was noted about the shoulder. It was stated that the applicant had failed recent shoulder and corticosteroid injection of August 15, 2014. The attending provider refilled several medications, including tramadol, and imposed a 30-pound lifting limitation. It was not clear whether the applicant was working at this point. In a July 8, 2014 progress note, the applicant reported ongoing complaints of shoulder pain. It was

stated that the applicant was currently working as a mechanic with a 30-pound lifting limitation in place. The applicant did have difficulty performing pushing and pulling activities with his right arm. The applicant also had pain about the left shoulder. The applicant's past surgical history is notable for earlier right shoulder arthroscopy in 2012. The applicant was given a diagnosis of failed right shoulder arthroscopy. The applicant did exhibit a positive impingement sign about the right shoulder with some pain limited range of motion appreciated. 5/5 shoulder strength was noted. The applicant also exhibited full, albeit painful left shoulder range of motion and 5/5 left shoulder strength. A 30-pound lifting limitation, naproxen, and functional capacity testing were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI arthrogram w/ and w/o contrast left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Magnetic Resonance Imaging and Arthrography

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule (MTUS)-adopted American College of Occupational and Environmental Medicine (ACOEM) Guidelines in Chapter 9, Table 9-6, page 214, the routine usage of magnetic resonance imaging (MRI) imaging or arthrography for evaluation purposes without surgical indications is deemed "not recommended." In this case, there was neither an explicit statement (nor an implicit expectation) that the applicant would act on the proposed MR arthrography of the left shoulder and/or consider surgical intervention involving the same. The bulk of the documentation on file comprised of the discussion of the applicant's ongoing right shoulder issues. While it is acknowledged that the October 7, 2014 RFA form on which the article in question was sought was no incorporated into the Independent Medical Review packet, the information which is on file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary.

MRI arthrogram w/ and w/o contrast right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Magnetic Resonance Imaging and Arthrography

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

Decision rationale: As noted in the California Medical Treatment Utilization Schedule (MTUS)-adopted American College of Occupational and Environmental Medicine (ACOEM) Guidelines in Chapter 9, Table 9-6, page 214, the routine usage of magnetic resonance imaging

(MRI) imaging or arthrography for evaluation purposes without surgical indications is deemed "not recommended." In this case, there was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the proposed shoulder MR arthrography and/or consider surgical intervention involving the same. While the applicant did have ongoing complaints of right shoulder pain status post earlier right shoulder arthroscopy, the attending provider acknowledged that the applicant was working as a mechanic despite ongoing complaints of shoulder pain. It was not clear that the applicant was intent on pursuing further shoulder surgery. The attending provider seemingly sought the MRI arthrography in question on the grounds that the applicant had not had recent shoulder MRI imaging. This is not an indication for MRI or arthrography, per ACOEM. Therefore, the request is not medically necessary.