

<b>Case Number:</b>	CM14-0190334		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	05/29/2010
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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, low back, shoulder, and bilateral knee pain reportedly associated with an industrial injury of May 29, 2010. In a Utilization Review Report dated October 15, 2014, the claims administrator failed to approve a request for MRI imaging of the lumbar spine, right shoulder, cervical spine, left knee, and right knee, along with electrodiagnostic testing of the bilateral upper and lower extremities. The claims administrator did not incorporate any guidelines into its report rationale but stated at the bottom of the report that its decision was based on Third Edition ACOEM Guidelines. The claims administrator stated that its decisions are based on a progress note and a RFA form of September 25, 2014. The claims administrator did allude to the applicant's having a history of previous carpal tunnel surgery, previous right shoulder surgery, previous right knee surgery, cervical spine surgery, and ankle surgery. The applicant's attorney subsequently appealed. In a handwritten progress note dated September 26, 2014, the applicant presented with multifocal pain complaints, including neck pain, low back pain, right shoulder pain, right knee pain, and left knee pain. The note comprised almost entirely of preprinted checkboxes, with little to no narrative commentary. A pain management consultation, psychiatry consultation, internal medicines followup visit, neurology consultation, sleep study, and neurology consultation were all sought. An H-wave device, 12 sessions of aquatic therapy, and unspecified medications were endorsed. MRI imaging of the cervical spine, lumbar spine, right shoulder, right knee, and left knee were also sought.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6, page 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 deemed "not recommended." In this case, the attending provider did, in fact, order MRI studies of multiple body parts, without any clearly formed intention of acting on the results of the same. The shoulder MRI, like the other studies, was ordered through usage of preprinted checkboxes. No narrative commentary was attached. There was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the proposed shoulder MRI and/or consider surgical intervention involving the same. Therefore, the request for MRI is not medically necessary.