MAXIMUS Federal Services

Case Number:	CM14-0206835		
Date Assigned:	12/18/2014	Date of Injury:	01/10/2013
Decision Date:	02/17/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/10/2014

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 chronic shoulder pain and depression reportedly associated with an industrial injury of January 10, 2013.In a Utilization Review Report dated November 7, 2014, the claims administrator denied a request for shoulder MRI imaging. The claims administrator noted that the applicant had undergone earlier right shoulder surgery on October 16, 2013. The claims administrator referenced an October 22, 2014 progress note on which the applicant reported persistent complaints of shoulder pain, 4-5/10 with limited shoulder flexion and abduction in the 140- to 15-degree range with some positive provocative testing. The claims administrator contended that the applicant had had earlier shoulder MRI imaging in March 2014 and that there had been no deterioration in symptomatology since that point in time.The applicant's attorney subsequently appealed.On May 15, 2014, the applicant was placed off of work, on total temporary disability, owing to complaints of shoulder pain, while several topical compounds, a hot and cold therapy unit, and extracorporeal shock wave therapy were sought.The shoulder MRI imaging of the left shoulder performed on November 12, 2014, notable for inflammatory arthropathy and a low-grade partial-thickness infraspinatus tendon tear.In a Medical-legal Evaluation dated October 24, 2014, the applicant reported ongoing complaints of shoulder pain. The applicant had been laid off of work by her former employer and was not working, it was acknowledged. The applicant had developed adhesive capsulitis of the right shoulder and had undergone a shoulder manipulation under anesthesia surgery on October 16, 2013. Two earlier shoulder MRIs were performed, per the medical-legal evaluator, which were reportedly negative for rotator cuff pathology. The medical-legal evaluator contended that no further improvement was likely here. The applicant was given a 4% whole-person impairment rating. The attending provider stated that the applicant could return to her former job were it made available to her.A shoulder MRI of

October 24, 2014 was notable for supraspinatus and infraspinatus tendinosis, a subchondral cyst, and no other significant findings.In an October 22, 2014 progress note, the applicant reported ongoing complaints of bilateral shoulder pain. MRI imaging of the shoulder, eight sessions of physical therapy, home exercise kit, and corticosteroid injection therapy involving the shoulder was sought. The applicant was using tramadol, Celebrex, and omeprazole, it was acknowledged.

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 ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-2, page 203; Table 9-6, page 214.

Decision rationale: The stated diagnosis here was adhesive capsulitis. While the MTUS Guideline in ACOEM Chapter 9, Table 9-2, page 203 notes that MRI imaging can be performed if the diagnosis of adhesive capsulitis is unclear, in this case, however, the diagnosis of adhesive capsulitis was clinically evident, both the applicant's treating provider and medical-legal evaluator contended. The applicant had undergone an earlier manipulation under anesthesia surgery for the same. It was not clearly stated why MRI imaging of the shoulder was being sought here. The MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214 further notes that routine MRI imaging without surgical indications is "not recommended." Here, there was no mention of the applicant's willingness to undergo surgery based on the outcome of the MRI study in question which, it is incidentally noted, was performed on October 21, 2014 and was, in essence, negative. Therefore, the request was not medically necessary.