

Case Number:	CM14-0207245		
Date Assigned:	12/19/2014	Date of Injury:	09/17/2006
Decision Date:	02/17/2015	UR Denial Date:	11/23/2014
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] beneficiary who has filed a claim for shoulder pain reportedly associated with an industrial injury of September 17, 2006. In a Utilization Review Report dated November 20, 2014, the claims administrator failed to approve a request for an MR arthrogram of the shoulder. The claims administrator invoked non-MTUS ODG Guidelines in its determination. The claims administrator noted that the applicant had ancillary complaints of low back pain. The claims administrator referenced progress notes, RFA forms, and claim forms dated October 23, 2014, October 29, 2014, and October 31, 2014 in its determination. The applicant's attorney subsequently appealed. In a September 11, 2014 progress note, the applicant reported ongoing complaints of bilateral shoulder pain, neck pain, and low back pain, 8-9/10. The applicant was given a diagnosis of right shoulder strain rule out tendonitis versus cuff tear versus internal derangement. Ultrasound-guided corticosteroid injection for the left and right shoulders was sought, along with updated shoulder and lumbar MRI studies. Permanent work restrictions and a lumbar support were sought. The attending provider stated that he was seeking updated MRI studies of the cervical spine and lumbar spine as well as updated MRI arthrograms of the right and left shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI with arthrogram, right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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 Guideline in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of shoulder MRI imaging or arthrography for evaluation purpose without surgical interventions is deemed "not recommended." In this case, the attending provider sought authorization for right shoulder MR arthrography in conjunction with left shoulder MR arthrography, cervical spine MRI imaging, and lumbar spine MRI imaging. Within the medical records reviewed, there was lack of documentation to indicate the treatment plan or planned surgical intervention based on the results of the proposed shoulder MR arthrogram. Therefore, this request is not medically necessary.