

Case Number:	CM14-0208667		
Date Assigned:	12/22/2014	Date of Injury:	05/10/2014
Decision Date:	02/17/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/12/2014

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 and neck pain reportedly associated with an industrial injury of May 10, 2014. In a Utilization Review Report dated November 14, 2014, the claims administrator denied shoulder MRI imaging, while partially approving a request for gabapentin. Relafen, however, was approved outright. The claims administrator referenced a November 6, 2014 progress note in its determination. The claims administrator contended that the applicant had failed to benefit from ongoing usage of gabapentin. The claims administrator contended that the applicant had already had shoulder MRI imaging on July 7, 2014 and that there had been no deterioration in symptomatology since that point in time so as to justify a repeat study. The applicant's attorney subsequently appealed. In a December 1, 2014 progress note, the applicant reported ongoing complaints of neck, shoulder, and right upper extremity pain. The applicant had had electrodiagnostic testing demonstrating bilateral carpal tunnel syndrome, it was stated. The applicant had received physical therapy and corticosteroid injection therapy for the shoulder, it was stated. Shoulder MRI imaging had reportedly demonstrated supraspinatus tendinosis and labral tear, it was stated. Neurontin, Relafen, and Lidoderm patches were again endorsed. The applicant's work status was not clearly stated. The attending provider suggested that the applicant was potentially a candidate for a functional restoration program. In an appeal letter dated November 20, 2014, the attending provider stated that he was appealing the previously denied shoulder MRI. The attending provider acknowledged that the applicant had had earlier shoulder MRI imaging of July 7, 2014 demonstrating labral tear and oblique linear partial tear of the supraspinatus tendon. The attending provider stated that the applicant still had residual deficits involving the injured shoulder. The attending provider acknowledged that the applicant was unable to work. The attending provider suggested that the applicant obtain a repeat shoulder

MRI. The attending provider stated that the applicant had difficulty performing activities of daily living as basic as chopping vegetables and had severe complaints of pain and numbness about the right arm. The applicant was reportedly unable to work, the attending provider acknowledged. The attending provider stated that the applicant had a pending shoulder surgery consultation. The attending provider suggested that the applicant had a pending surgical evaluation but stated that he nevertheless wanted to obtain a repeat shoulder MRI for academic or evaluation purposes, to determine the presence or absence of any new structural changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

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

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of MRI imaging for evaluation purpose without surgical indications is deemed "not recommended." Here, the attending provider indicated in his utilization review denial appeal letter dated November 20, 2014 that he was pursuing repeat shoulder MRI imaging for academic or evaluation purposes, with no clear intention of acting on the results of the same. The attending provider acknowledged that earlier shoulder MRI imaging was in fact positive for a labral tear but stated that he wish to obtain repeat shoulder MRI imaging for the purpose of determining whether there had been some progression in structural changes. This is not an ACOEM-endorsed role for shoulder MRI imaging, particularly in light of the fact that the earlier shoulder MRI was, in fact, positive. Therefore, the request is not medically necessary.

One prescription of Gabapentin 600 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, the applicant was/is off of work, on total temporary disability, suggesting a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of gabapentin, as do the applicant's continued reports of difficulty performing activities of daily living as basic as gripping, grasping, and chopping vegetables with her hand. Therefore, the request was not medically necessary.

