

Case Number:	CM14-0209266		
Date Assigned:	12/22/2014	Date of Injury:	12/30/2013
Decision Date:	02/28/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 chronic shoulder pain reportedly associated with an industrial injury of December 30, 2013. In a Utilization Review Report dated December 9, 2014, the claims administrator denied a request for a left shoulder arthrogram. Despite the fact that the MTUS addresses the topic, the claims administrator nevertheless invoked non-MTUS ODG Guidelines. A November 13, 2014 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In a July 16, 2014 work status report, the applicant was given a rather proscriptive 10-pound lifting limitation. Physical therapy, manipulative therapy, a pain management consultation, and a general surgery consultation were endorsed. In a progress note dated August 1, 2014, the applicant reported persistent complaints of neck, low back, and shoulder pain. The applicant was not working, it was acknowledged. The applicant was receiving both Workers' Compensation indemnity benefits and disability insurance benefits, it was acknowledged. The applicant was using Protonix, Norco, and Voltaren gel, it was further noted. The applicant was asked to consider epidural steroid injection therapy. An MRI of the shoulder with arthrogram performed in September 12, 2014 was notable for a possible tear of the anterior-superior labrum with associated infraspinatus tendinopathy. Multiple other MRIs performed on or around the same time, including a hip MRI on November 21, 2014, thigh MRI on September 29, 2014, and a cervical MRI on September 29, 2014. Many of the MRIs, including the hip MRI, were reportedly negative. In a January 27, 2015 work status report, the attending provider stated that he was continuing to request that the applicant obtain a right shoulder arthroscopy through a

shoulder specialist. Work restrictions were again endorsed. In a December 8, 2014 progress note, the attending provider reiterated his request for a right shoulder arthroscopy. Persistent, increased discomfort about the shoulder was evident on this date. The applicant was given diagnosis of probably labral tear. In a July 6, 2014 progress note, the attending provider again suggested that the applicant consult a shoulder surgeon to obtain a right shoulder arthroscopy. A pain management evaluation was also suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Video arthrogram to the left 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), Magnetic resonance imaging (MRI); www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html

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, routine usage of MRI imaging or arthrography for evaluation purposes without surgical indications is deemed "not recommended." Here, the documentation on file suggested that the applicant's primary pain generator was, in fact, the right shoulder. Multiple progress notes both before and after the Utilization Review Report, note that the applicant's pain complaints were emanating from the right shoulder, cervical spine, thoracic spine, and lumbar spine. There was no mention made of the applicant's having any left shoulder symptoms. It was not clearly stated why a video arthrogram of the seemingly asymptomatic left shoulder was sought. The implication, thus, was that the request was either (a) erroneous or (b) represented a request for routine imaging of an asymptomatic body part, which runs counter to the philosophy espoused in ACOEM Chapter 9, Table 9-6, page 214. Therefore, the request is not medically necessary.