MAXIMUS Federal Services

Case Number:	CM14-0036866		
Date Assigned:	06/25/2014	Date of Injury:	05/15/2012
Decision Date:	05/01/2015	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/26/2014

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, New York, 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 neck, shoulder, wrist, low back, and knee pain reportedly associated with an industrial injury of March 14, 2013. In a Utilization Review report dated March 3, 2014, the claims administrator failed to approve a request for shoulder MRI imaging. Non-MTUS Third Edition ACOEM Guidelines were invoked in the denial, along with progress notes of October 14, 2013 and January 27, 2014. The applicant's attorney subsequently appealed. On October 14, 2013, MRI imaging of the bilateral wrists, MRI imaging of the bilateral shoulders, a psychiatry referral, urine drug testing, tramadol, topical compounds, acupuncture, Relafen, Prilosec, and an internal medicine referral were endorsed. No clinical progress notes or narrative commentary were attached. In a January 27, 2014 progress note, the applicant reported multifocal complaints of low back, knee, wrist, and shoulder pain. The applicant had apparently alleged development of pain complaints secondary to cumulative trauma at work. The attending provider reiterated his request for MRI imaging of bilateral shoulders and bilateral wrists. The applicant's shoulder was not formerly examined, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) Left shoulder without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: No, the request for MRI imaging of the left shoulder without contrast was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of MRI or arthrography in the evaluation of the applicants with shoulder pain complaints is deemed "not recommended." Here, the fact that multiple MRI studies were ordered in parallel, including MRI studies of the bilateral wrists and bilateral shoulders, significantly reduced the likelihood of the applicant's acting on the results of any one particular MRI and/or acting on the results of the same. In this case, thus, 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 based on the outcome of the same. Therefore, the request was not medically necessary.