

Case Number:	CM14-0036901		
Date Assigned:	07/16/2014	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 shoulder, wrist, knee, and neck 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 and, furthermore, mislabeled as originating from the MTUS. The applicant's attorney subsequently appealed. In a progress note dated January 27, 2014, the applicant reported multifocal complaints of neck, shoulder, wrist, low back, and knee pain, apparently attributed secondary to cumulative trauma at work. The applicant had undergone earlier cervical spine surgery and had received knee corticosteroid injection therapy. The applicant did not undergo a formal examination of the shoulder. Tramadol, topical compounds, acupuncture, physical therapy, a psychiatry consultation, an internal medicine evaluation, and MRI imaging of the bilateral shoulders and bilateral wrists were endorsed.

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 without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: No, the request for MRI imaging of the right shoulder 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 shoulder MRI imaging or arthrography for evaluation purposes without surgical indication is deemed, "not recommended." Here, the fact that multiple MRI studies of the bilateral wrists and bilateral shoulders were concurrently ordered significantly reduced the likelihood of the applicant's acting on the results of any one study and/or consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.