

Case Number:	CM14-0085752		
Date Assigned:	07/23/2014	Date of Injury:	02/20/2011
Decision Date:	02/25/2015	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/09/2014

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 49 year old female with an injury date on 02/20/2011. Based on the 03/24/2014 AME report provided by the treating physician, the diagnoses are: 1. Obstructive sleep apnea. 2. History of chest pain with palpitations bigeminy industrially related. 3. Hyperlipidemia. 4. History of abdominal complaints - Irritable Bowel Syndrome, in part industrially related. 5. Status-post cholecystectomy. 6. History of headaches with dizziness; headaches, stress-tension type, industrially related; no etiology for the dizziness, no impairment rating for the dizziness. 7. Status-post sinus surgery, not industrially related. 8. Status-post left forearm melanoma removal, not industrially related. 9. History of multiple medication allergies, not industrially related. 10. History of cigarette use with a history of Asthma, not confirmed on today's evaluation, not industrially related. 11. Status-post left breast biopsy, not industrially related, no impairment rating. 12. Obesity, in part industrially related. 13. Hyperglycemia, no current diagnosis. According to this report, the patient complains of "ongoing muscle pain, joint pain, joint swelling, back pain, chest pain, abdominal pain and headaches." The subjective or objective findings of the shoulder were not mentioned in this report. The patient is "maximum medical improvement." The 04/08/2014 report indicates the patient complains of having "episodes of loss of contact with the environment. The episodes were very short lasting, but they happened off and on all day long." On physical exam: "the patient's neurological examination-remains stable at this time and are entirely within normal limits." There were no other significant findings noted on this report. The utilization review denied the request for 3D MRI of right shoulder on 05/16/2014

based on the ACOEM/ODG guidelines. The requesting physician provided treatment reports from 10/14/2013 to 04/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

3D (Three Dimensional) MRI (Magnetic Resonance Imaging) of Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder (updated 04/25/14); Mays, 2008

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207 and 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter: magnetic resonance imaging

Decision rationale: According to the 04/08/2014 report, this patient presents with "ongoing muscle pain, joint pain." The current request is for 3D (three dimensional) MRI (magnetic resonance imaging) of right shoulder. The utilization review denial letter states "There is no clear detail provided as to why the right shoulder MRI study is being requested at this point and there were also no documentation of clearly detailed significant positive objective physical exam findings to support the need for this study." ACOEM guidelines has the following regarding shoulder MRI: (pp207-208): "Primary criteria for ordering imaging studies: Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon)." Furthermore, ODG guidelines states "Recommended" with indications of acute shoulder trauma; suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; subacute shoulder pain; and suspect instability/labral tear. Review of the provided reports does not show evidence of prior MRI of the shoulder. In this case, the treating physician does not document that the patient has shoulder pain, and no examination finding or X-ray are provided. Without the proper documentation provided. The request is not medically necessary.