

Case Number:	CM15-0008566		
Date Assigned:	01/26/2015	Date of Injury:	04/07/2001
Decision Date:	03/18/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/15/2015

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 48-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of April 7, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier cervical fusion surgery; and unspecified amounts of physical therapy. In a Utilization Review Report dated January 8, 2015, the claims administrator failed to approve a request for a left shoulder MRI, referencing an RFA form received on December 31, 2014. Non-MTUS ODG Guidelines were invoked explicitly in the determination, despite the fact that the MTUS address the topic. The applicant's attorney subsequently appealed. In a December 10, 2014 progress note, the applicant reported persistent complaints of neck and left shoulder pain. Cortisone injection to the shoulder was apparently minimally helpful, the treating provider contended. 5/5 bilateral upper extremity strength was appreciated with moderate tenderness noted about the subacromial region. The attending provider contended that the applicant's shoulder issues had proven recalcitrant to time, medications, physical therapy, and injection therapy. The attending provider stated that he would discuss treatment options based on the outcome of the proposed shoulder MRI at the next visit. Nucynta was renewed. The applicant did exhibit signs of internal impingement on exam, it was suggested. The applicant's work status was not clearly furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Left Shoulder without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; Section: Shoulder (Acute & Chronic) (updated 10/31/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6, page 214..

Decision rationale: Yes, the proposed left shoulder MRI is medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, MRI imaging is "recommended" in the preoperative evaluation of partial-thickness or large full-thickness rotator cuff tears. Here, the applicant's presentation is suggestive of partial-thickness rotator cuff tear and/or internal impingement of the shoulder. The attending provider did indicate in his December 10, 2014 progress note that he would act on the results of the proposed shoulder MRI and possibly consider surgical intervention based on the outcome of the same. The applicant did have complaints of shoulder pain impacting work activities and activities of daily living which had proven recalcitrant to time, medications, injection therapy, physical therapy, etc. Moving forward with an MRI study, for possible preoperative evaluation purposes, thus, was indicated. Therefore, the request was/is medically necessary.