

Case Number:	CM15-0103444		
Date Assigned:	06/05/2015	Date of Injury:	03/07/2000
Decision Date:	07/13/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/29/2015

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, 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 57-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of March 7, 2000. In a Utilization Review report dated May 12, 2015, the claims administrator denied a request for MRI imaging of the shoulder. The claims administrator referenced an April 1, 2015 progress note and associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. On said April 1, 2015 progress note, the applicant reported ongoing complaints of neck pain with derivative complaints of headaches, insomnia, and apparent thoughts of hurting himself and/or others. The bulk of the treatment which had transpired to date revolved around the treatment of the applicant's neck pain issues and depressive symptoms. Neck pain radiating to the right upper extremity with associated upper extremity paresthesias was noted. The applicant was seeing a psychiatrist for issues with ADHD, bipolar disorder, major depressive disorder, it was reported. The applicant was on Neurontin, LidoPro, Naprosyn, Norco, and Lunesta, it was reported. Updated MRI imaging of the cervical spine, shoulder MRI imaging and CT imaging of the right scapula were sought. It was not clearly stated for what issue and purpose the MRI imaging and/or CT imaging of the shoulder were endorsed. The applicant exhibited a sole operating diagnosis of the cervical radiculopathy. The applicant exhibited a positive Spurling maneuver with hyposensorium about the right arm. The progress note seemingly focused on discussion of applicant's neck issues. Depression was seemingly the secondary complaint. The shoulder complaint was a tertiary complaint and only incidentally alluded to. On an applicant questionnaire dated April 13, 2015, the applicant acknowledged that he was not, in fact, working owing to various pain complaints. The applicant seemingly suggested that his neck issue was the sole presenting complaint.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter-Shoulder Magnetic resonance imaging.

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

Decision rationale: No, request for the MRI imaging of the shoulder was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guidelines 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 request was seemingly same as the request for a routine shoulder MRI, without any clearly formed intention of acting on the results of the same. The attending provider stated that the applicant's primary operating diagnosis was cervical radiculopathy on his April 1, 2015 progress note. Only incidental mention was made of the applicant's shoulder pain complaints. There was, thus, neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the shoulder MRI in question and/or consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.