

Case Number:	CM15-0131557		
Date Assigned:	07/17/2015	Date of Injury:	09/19/2012
Decision Date:	08/17/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/07/2015

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 51-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of December 19, 2012. In a Utilization Review report dated July 26, 2015, the claims administrator failed to approve a request for MRI imaging of the shoulder. The claims administrator referenced an RFA form of June 15, 2015 and associated progress notes of June 11, 2015 and June 13, 2015 in its determination. Non-MTUS ODG Guidelines were invoked, despite the fact that the MTUS addresses the topic. The applicant's attorney subsequently appealed. On June 3, 2015, the applicant was placed off of work, on total temporary disability, for six months. Ongoing complaints of shoulder, neck, hand, and wrist pain were reported. Significantly limited shoulder abduction was appreciated with flexion and abduction to 40 degrees. The applicant's range of motion was seemingly constrained secondary to shoulder pain, it was reported, which was scored at 9/10. There was no seeming mention of the need for MRI imaging. In a June 11, 2015 progress note, the applicant was, once again, placed off of work, on total temporary disability. Markedly limited shoulder range of motion was again appreciated. MRI imaging of the shoulder was sought. 10/10 shoulder pain complaints were reported. Increased shoulder spasms were evident.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast right shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Magnetic resonance imaging (MRI).

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

Decision rationale: Yes, the request for MRI imaging without contrast of the shoulder was 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 applicants with large full-thickness or partial-thickness rotator cuff tears. Here, the applicant presented on multiple office visits of June 2015 reporting severe shoulder pain complaints. The applicant presented on June 11, 2015 reporting severe shoulder pain, 10/10. Abduction and flexion were limited to 10 degrees secondary to pain. In an earlier note dated June 3, 2015, the applicant presented with severe, 9/10 shoulder pain. Flexion and abduction were limited to 40 degrees. Given the significant deterioration in pain complaints, continued pain complaints in the severe, 9-10/10 range, and markedly limited shoulder range of motion noted on multiple office visits of June 2015, referenced above, the applicant was, in all likelihood, a candidate for surgical intervention involving the injured shoulder. Moving forward with the MRI imaging at issue, thus, was indicated. Therefore, the request was medically necessary.