

Case Number:	CM15-0161704		
Date Assigned:	08/27/2015	Date of Injury:	12/10/2012
Decision Date:	10/02/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/17/2015

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 65-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of December 10, 2012. In a Utilization Review report dated July 20, 2015, the claims administrator failed to approve request for MR arthrography of the left shoulder. The claims administrator referenced a July 1, 2015 progress note in its determination. The claims administrator did acknowledge that the applicant had undergone earlier failed shoulder surgery some 10 months prior, it was incidentally noted. The applicant's attorney subsequently appealed. On said July 1, 2015 progress note, the applicant reported ongoing complaints of left shoulder pain. The applicant was off of work, it was reported. 115 degrees of left shoulder flexion and abduction were appreciated. 4+/5 shoulder strength was evident. Negative provocative testing was noted. In one section of the attending provider's note, it was stated that the applicant was doing quite well clinically. In another section of the attending provider's note stated that MR arthrography of the shoulder was needed to evaluate possible recurrent rotator cuff tears. The applicant was placed off of work, on total temporary disability. In an earlier note dated April 8, 2015, the applicant was again placed off of work, on total temporary disability. A second opinion shoulder surgery consultation apparently suggested MRI imaging to rule out a recurrent rotator cuff tear on May 22, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Acute and chronic, arthrography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 214.

Decision rationale: No, the proposed shoulder MR arthrography of the left shoulder is 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 MRI or arthrography of the shoulder without surgical indication is deemed "not recommended". Here, the attending provider's July 1, 2015 progress note was internally inconsistent. Some sections of the note stated that the applicant was "doing rather well clinically" while other section of the note stated that the applicant remained off of work, on total temporary disability. While the attending provider indicated that he was searching for possible recurrent rotator cuff tears via the MR arthrogram in question, there was no mention of how (or if) the applicant would act on the results of the study in question. There was no mention that the applicant was actively considering or contemplating further shoulder surgery based on the outcome of the same. Therefore, the request is not medically necessary.