

Case Number:	CM15-0163246		
Date Assigned:	08/31/2015	Date of Injury:	02/03/2005
Decision Date:	10/09/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/20/2015

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 49-year-old who has filed a claim for chronic shoulder and back pain reportedly associated with an industrial injury of February 3, 2005. In a Utilization Review report dated August 7, 2015, the claims administrator failed to approve a request for shoulder MRI imaging. The claims administrator referenced an RFA form received on July 31, 2015 and an associated progress note of July 29, 2015 in its determination. The claims administrator seemingly did not seemingly incorporate any guidelines in its rationale. The applicant's attorney subsequently appealed. On July 29, 2015, the applicant reported ongoing complaints of low back pain status post earlier failed lumbar spine surgery. Ancillary complaints of upper extremity paresthesias were reported. The claimant had issues with carpal tunnel syndrome but apparently was not intent on pursuing any kind of surgical remedy for the same. The claimant was on naproxen for pain relief. Indocin and Prilosec were endorsed at the bottom of the note, it was reported. The claimant was kept off of work. There was no mention of the claimant's having any shoulder pain complaints on this date. On June 24, 2015, the claimant reported ongoing complaints of low back and shoulder pain, highly variable, 5-8/10. The claimant was on diclofenac and Prilosec, it was stated on this occasion. Well-preserved shoulder ranges of motion with flexion and abduction to 180 degrees were reported. The claimant was placed off of work, on total temporary disability. There was no mention made of shoulder MRI imaging on this date. On July 29, 2015, the applicant reported multifocal complaints of bilateral hand and wrist, left shoulder, and low back pain with derivative complaints of psychological stress. The claimant was given diagnosis of shoulder impingement syndrome. Range of motion of 75% of

normal range was reported on this date. Shoulder MRI imaging was sought. Electrodiagnostic testing of the bilateral lower extremities, x-ray imaging of the lumbar spine, and MRI imaging of the lumbar spine were all sought. There was no mention of how (or if) the proposed shoulder MRI would influence or alter the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Left Shoulder without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: No, the request for MRI imaging of the shoulder without contrast 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 shoulder MRI imaging or arthrography for evaluation purposes without surgical indications is deemed "not recommended". Here, the fact that shoulder MRI imaging, electrodiagnostic testing of bilateral lower extremities, MRI imaging of lumbar spine, and x-ray imaging of the lumbar spine were all concurrently sought strongly suggested that the shoulder MRI in question was ordered for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. There was no mention of the claimant's willingness to consider or contemplate any kind of shoulder surgery based on the outcome of the study in question. Therefore, the request is not medically necessary.