MAXIMUS Federal Services

Case Number:	CM15-0167580		
Date Assigned:	09/24/2015	Date of Injury:	08/01/2014
Decision Date:	10/29/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	08/25/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 63 year old male with a date of injury of August 1, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine musculoligamentous injury, right shoulder strain, and right shoulder impingement syndrome with acromioclavicular arthropathy. Medical records dated June 8, 2015 indicate that the injured worker complains of neck pain rated at a level of 2 out of 10 with weakness and decreased range of motion, right shoulder pain rated at a level of 2 out of 10 with weakness and decreased range of motion , and left shoulder pain with movement. A progress note dated July 20, 2015 notes subjective complaints of right shoulder pain rated at a level of 2 to 7 out of 10, and increased shoulder pain with raising arm above shoulder level. Per the treating physician (July 20, 2015), the employee has not returned to work. The physical exam dated June 8, 2015 reveals right shoulder acromioclavicular grinding and crepitus, positive impingement sign, painful and tender arc of motion, and positive O'Brien's test. The progress note dated July 20, 2015 documented a physical examination that showed decreased grip strength on the right, decreased cervical spine range of motion, decreased range of motion of the right shoulder, positive impingement sign, and decreased strength of the deltoids right greater than left. Treatment has included an unknown number of physical therapy sessions, and magnetic resonance imaging of the right shoulder (June 26, 2015) that showed a flat acromion with lateral down sloping, acromioclavicular joint osteoarthritis, partial thickness infraspinatus tear, and vertical biceps tendon tenosynovitis. The original utilization review (August 25, 2015) non-certified a request for magnetic resonance imaging of the right shoulder, NIOSH: One baseline-one P&S FIM, plus FIM using NIOSH every 30 days while undergoing treatment, and compound creams (unspecified).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right shoulder Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM and Official Disability Guidelines shoulder injury.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies, Summary.

Decision rationale: According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. The claimant did have acute rotator cuff tear clinical findings and the physician was suspicious of this. In this case, the claimant did not want to get shoulder injections without an MRI but there was no plan for surgery. Although the MRI did show a tear, the request was for imaging prior to injection rather than surgery. As a result, it was not medically necessary.

NIOSH: One baseline / one P&S FIM, plus FIM using NIOSH every 30 days while undergoing Tx Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Institute for Occupational Safety and Health (NIOSH) Subchapter C-Medical Care and Examinations Pg 147-200.

Decision rationale: The MTUS and ACOEM guidelines are silent on this issue. In this case, the claimant was undergoing therapy and interventions for occupational injury. Although follow up and E/M visits are appropriate, there is no indication for monthly National Institute of Occupational Safety Help Follow-up. Additional frequent visits would not impact outcome. Rather follow-up for progress can be determined from the treating physician progress notes. The request for monthly NIOSH evaluations if not justified and not medically necessary.

Compound creams (unspecified) Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the type of medication, location of application, length of use was not specified. As a result, the request for topical medication is not medically necessary.