

Case Number:	CM15-0186168		
Date Assigned:	09/28/2015	Date of Injury:	05/02/2012
Decision Date:	11/10/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/21/2015

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 58-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of May 2, 2012. In a Utilization Review report dated August 25, 2015, the claims administrator failed to approve a request for MRI imaging of the shoulder. The claims administrator referenced an August 5, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On March 4, 2015, it was acknowledged that the applicant had undergone earlier shoulder surgery and it had a poor outcome following the same. The applicant had difficulty lifting articles weighing greater than 5 pounds, it was reported. Relatively well-preserved range of motion was noted on this date. On August 5, 2015, the applicant reported ongoing complaints of neck and shoulder pain. 4/5 shoulder strength was reported in some planes. MRI imaging of the shoulder was sought. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place. There was no mention how 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 without contrast for right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

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

Decision rationale: No, the proposed MRI of the shoulder was 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 imaging or arthrography of the shoulder for evaluation purposes without surgical indications is deemed "not recommended." Here, the attending provider's August 5, 2015 progress note made no mention of how (or if) the proposed shoulder MRI would influence or alter the treatment plan. There is no mention of the applicant's willingness to consider or contemplate further surgical intervention involving the injured shoulder based on the outcome of the study in question. Therefore, the request was not medically necessary.