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| Case Number: | CM15-0187582 | | |
| Date Assigned: | 09/29/2015 | Date of Injury: | 03/20/2013 |
| Decision Date: | 11/13/2015 | UR Denial Date: | 08/27/2015 |
| Priority: | Standard | Application Received: | 09/23/2015 |

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 [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of March 20, 2013. In a Utilization Review report dated August 27, 2015, the claims administrator failed to approve a request for a shoulder MRI. The claims administrator referenced a June 3, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said June 3, 2015 office visit, the applicant reported ongoing complaints of headaches, neck pain, shoulder pain and wrist pain. Bilateral shoulder pain complaints were reported. The applicant exhibited 140 degrees of left shoulder flexion versus 160 degrees of right shoulder flexion. 5/5 upper extremity motor function was seemingly reported. The applicant was given a rather proscriptive 10-pound lifting limitation. The applicant was given multiple diagnoses, including shoulder tendinitis, lumbar radiculopathy, thoracic radiculopathy, cervical radiculopathy, headaches, carpal tunnel syndrome, knee sprain, plantar fasciitis, tarsal tunnel syndrome, and anxiety. The attending provider sought authorization for MRI imaging of the lumbar spine, MRI imaging of bilateral shoulders, MRI imaging of bilateral knees, electrodiagnostic testing of bilateral upper extremities, and electrodiagnostic testing of bilateral lower extremities. Norflex, Naprosyn, and Prilosec were endorsed. It was not stated how (or if) the proposed studies would influence or alter the treating plan. The requesting provider was an emergency medicine (EM) physician, it was acknowledged.

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: 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 request for MRI imaging 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 or arthrography of the shoulder for evaluation purposes without surgical indications is deemed not recommended. Here, the fact that MRI studies of the lumbar spine, bilateral shoulders, and bilateral knees were all concurrently ordered on the same office visit of June 3, 2015, taken together, strongly suggested that the MRI in question had been ordered for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. There was no mention of how the proposed MRI would influence or alter the treatment plan. There was no mention of the claimant's willingness to consider or contemplate any kind of surgical intervention involving the affected shoulder based on the outcome of the study in question. The fact that the requesting provider was an emergency medicine physician (as opposed to a shoulder surgeon) significantly reduced the likelihood of the applicant's acting on the results of the study in question and/or go on to consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.