

Case Number:	CM15-0188281		
Date Assigned:	09/30/2015	Date of Injury:	05/30/2000
Decision Date:	11/19/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/24/2015

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 May 30, 2000. In a Utilization Review report dated August 24, 2015, the claims administrator failed to approve a request for shoulder MRI imaging. An August 4, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On May 28, 2015, the applicant reported ongoing complaints of neck and shoulder pain with some dysesthesias about the right hand. The attending provider contended that the applicant had separate foci of pain insofar as the shoulder and neck were concerned. Pain complaints in the 7-8/10 range were reported. 4 to 4+/5 shoulder strength was appreciated with 90-120 degrees of shoulder flexion evident. Norco, diclofenac, Lunesta, Flexeril, and topical compounds were renewed. The attending provider gave the applicant diagnosis of shoulder rotator cuff tear versus impingement syndrome, with secondary to diagnosis of chronic neck pain status post earlier cervical fusion surgery. the attending provider stated that the applicant had failed conservative therapy insofar as the shoulder was concerned noting that the applicant's shoulder pain was not improving, and stated that he was intent on determining whether structural changes were present on shoulder MRI imaging. The attending provider stated that, if the shoulder MRI was negative, that he would reconsider MRI imaging of the cervical spine and/or pursuit of a neurosurgery consultation. The requesting provider was a physiatrist, it was incidentally noted. The claims administrator's medical evidence log was surveyed; the May 27, 2015 office visit in fact

represented the most recent note on file. Thus, the August 4, 2015 office visit which the claims administrator based its decision upon was not seemingly incorporated into IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) for the right shoulder, quantity: 1: Overturned

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

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

Decision rationale: Yes, the proposed shoulder MRI of the right shoulder is medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, MRI imaging is "recommended" in the preoperative evaluation of partial-thickness or large full-thickness rotator cuff tears. Here, the requesting provider, a physiatrist, did state on May 28, 2015 that the applicant had a possible rotator cuff tear. The requesting provider did state that the applicant's shoulder pain complaints were worsening, scored at 7-8/10, were not improving, and had proven recalcitrant to conservative therapy. Limited shoulder range of motion in the 90- to 120-degree range was appreciated with diminished shoulder strength also evident. The requesting provider did seemingly suggest that he would act on the results of the study in question and/or consider a surgical consultation based on the outcome of the same. Moving forward with the same was indicated, given the applicant's heightened signs and symptoms about the shoulder evident on May 28, 2015. Therefore, the request is medically necessary.