

Case Number:	CM15-0193728		
Date Assigned:	10/07/2015	Date of Injury:	09/24/2013
Decision Date:	11/23/2015	UR Denial Date:	09/26/2015
Priority:	Standard	Application Received:	10/02/2015

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 43-year-old who has filed a claim for chronic wrist and elbow pain reportedly associated with an industrial injury of September 24, 2013. In a utilization review report dated September 26, 2015, the claims administrator failed to approve a request for MRI imaging of the shoulder. The claims administrator referenced a September 8, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 8, 2015, the applicant apparently transferred care to a new primary treating provider, reported multifocal complaints of shoulder, arm, elbow, wrist, and hand pain. The applicant was overweight, with a BMI of 34. The applicant was receiving Workers' Compensation Indemnity benefits and disability benefits, it was reported in the employment history section of the note. The applicant exhibited limited shoulder range of motion with abduction to 160 degrees. MRI imaging of the wrists, shoulder, and elbow were all ordered, along with electrodiagnostics of bilateral upper extremities. The applicant's permanent work restrictions were renewed, it was acknowledged that the applicant was not working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging), non contrast, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

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 arthrography of the shoulder for evaluation purposes without surgical indications is deemed "not recommended." Here, the fact that MRI imaging of the wrist, shoulder, and elbow were all concurrently ordered on September 8, 2015 strongly suggested that the said studies had in fact been ordered for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. The requesting provider, moreover, was a pain management physician (as opposed to a shoulder surgeon), significantly reducing the likelihood of the applicant's acting on the results of the study in question and/or going onto consider surgical intervention based on the outcome of the same. There was, in short, neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the study in question and/or go onto consider a surgical intervention here. Therefore, the request was not medically necessary.