

Case Number:	CM15-0193773		
Date Assigned:	10/07/2015	Date of Injury:	10/08/2014
Decision Date:	11/23/2015	UR Denial Date:	09/11/2015
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 39-year-old who has filed a claim for chronic shoulder and elbow pain reportedly associated with an industrial injury of October 8, 2014. In a Utilization Review report dated September 11, 2015, the claims administrator failed to approve requests for MRI imaging of left shoulder. The claims administrator referenced a December 4, 2015 office visit in its determination. The claims administrator did not, however, incorporate any guidelines into its rationale. In a handwritten note dated September 24, 2015, the applicant personally appealed, stating that she had, in fact, had prior plain film x-rays. On September 4, 2015, the applicant reported ongoing complaints of elbow, upper extremity, and shoulder pain. The note was difficult to follow and mingled historical issues and current issue. The applicant was apparently pending elbow MRI imaging, it was stated in one section of the note. The applicant's medication list included Tylenol with Codeine and Celebrex. The applicant was described as having persistent rotator cuff type symptoms. MRI imaging of the shoulder was sought. An elbow MRI was also pending, the treating provider reported. Naprosyn was renewed. Work restrictions were endorsed. The treating provider reported that the applicant had good strength with abduction, but apparently appreciated pain with provocative testing. The requesting provider was a physician's assistant (PA), it was reported. There was no mention of how the proposed shoulder MRI would influence or alter the treatment plan. On August 15, 2015, the applicant consulted an orthopedic surgeon who discussed the pursuit of elbow MRI imaging to evaluate a possible biceps tendon tear versus biceps tendonitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without Contrast for 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 without contrast 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 evaluating purposes without surgical indications is deemed "not recommended." Here, the requesting provider's September 4, 2015 office visit made no mention of how the proposed shoulder MRI would influence or alter the treatment plan. It appeared, based on a progress note of that date and based on earlier orthopedic consult of August 13, 2015, that the applicant's pain was in fact the primary pain generator. There was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the injured shoulder based on the outcome of the study in question on the September 4, 2015 office visit at issue. The fact that the requesting provider was a physician's assistant (as opposed to a shoulder surgeon) further reduced the likelihood of the applicant's acting on the results of the study in question and/or going on to 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 surgical intervention based on the outcome of the study in question. Therefore, the request was not medically necessary.