

Case Number:	CM15-0196795		
Date Assigned:	10/12/2015	Date of Injury:	07/18/2012
Decision Date:	11/25/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/06/2015

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 47-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 18, 2012. In a Utilization Review report dated October 1, 2015, the claims administrator failed to approve a request for MRI imaging of the bilateral shoulders. The claims administrator did, however, approve MRI study of the cervical spine, MRI study of the lumbar spine, MRI imaging of the right wrist and right thumb, and electrodiagnostic testing of upper and lower extremities. The claims administrator referenced an August 28, 2015 office visit in its determination. The claims administrator apparently issued a partial approval of the request to include MRI imaging of the right shoulder alone. The applicant's attorney subsequently appealed. On August 28, 2015, the applicant reported multifocal complaints of ankle, right shoulder, right wrist, low back, left knee, and neck pain. The note was sparse and somewhat difficult to follow. The applicant was asked to pursue manipulative therapy, MRI imaging of the cervical spine, MRI imaging of bilateral shoulders, MRI imaging of the right wrist, and MRI imaging of the right thumb.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI scan of the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for imaging- Magnetic resonance imaging.

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

Decision rationale: No, the request for MRI imaging of the bilateral shoulders 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 for evaluation purposes without surgical indication is deemed "not recommended." Here, the fact that multiple MRI studies, including MRI imaging of the cervical spine, lumbar spine, bilateral shoulders, right wrist, and right thumb were all concurrently ordered on the same date of service, August 28, 2015, strongly suggested that 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 fact that the requesting provider was a chiropractor (as opposed to a shoulder surgeon) significantly reduced the likelihood of the applicant's acting on results of any one study and/or go on to consider surgical intervention based on the outcome of the same. It was not stated how (or if) the said MRI studies of the bilateral shoulders would influence or alter the treatment plan. The applicant's shoulder pain complaints, per the treating provider's report of August 28, 2015, were seemingly confined to the symptomatic right shoulder. It was not clearly stated why MRI testing of the bilateral shoulders including testing of the seemingly asymptomatic left shoulder had been proposed. Therefore, the request was not medically necessary.