

Case Number:	CM15-0197268		
Date Assigned:	10/12/2015	Date of Injury:	04/25/2012
Decision Date:	11/30/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/07/2015

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 58-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of April 23, 2012. In a Utilization Review report dated October 1, 2015, the claims administrator failed to approve a request for MRI imaging of the shoulder. The claims administrator referenced a September 23, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 23, 2015 office visit, the applicant reported ongoing complaints of chronic shoulder pain status post earlier shoulder arthroscopy in 2013. The applicant reported continued complaints of shoulder pain, reportedly worsened. The applicant reported heightened difficulty working. The applicant stated his pain complaints were progressively worsening. The applicant stated that he wished to re-consult his orthopedic shoulder surgeon. The applicant was in mild-to-moderate distress. The applicant could not move his shoulder beyond 90 degrees, it was reported. MRI imaging of the shoulder, a follow-up visit with the applicant's shoulder surgeon, Motrin, and Tylenol with Codeine were endorsed. The applicant was apparently returned to regular work.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Magnetic resonance imaging (MRI).

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

Decision rationale: Yes, the request for MRI imaging of the shoulder without contrast was 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 large full-thickness or partial-thickness rotator cuff tears, as were seemingly suspected here on the date of the request, September 23, 2015. The applicant reported heightened shoulder pain complaints on that date. The applicant had undergone prior shoulder surgery and was in the process of following up with his orthopedic shoulder surgeon, significantly increasing the likelihood of the applicant's acting on the results of the study in question and/or going on to consider shoulder surgery based on the outcome of the study in question. Therefore, the request was medically necessary.