MAXIMUS Federal Services

Case Number:	CM15-0199600		
Date Assigned:	10/14/2015	Date of Injury:	02/25/2013
Decision Date:	12/01/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/10/2015

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 52-year-old who has filed a claim for chronic low back, knee, and shoulder pain reportedly associated with an industrial injury of February 25, 2013. In a Utilization Review report dated September 17, 2015, the claims administrator failed to approve a request for MRI imaging of the shoulder. An RFA form received on September 15, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On September 1, 2015, the applicant reported ongoing complaints of low back and shoulder pain. The note was handwritten and, at times, not altogether legible. MRI imaging of the shoulder was sought to "rule out internal derangement," the treating provider reported. The treating provider stated that he was placing the request on the grounds that a qualified medical evaluator (QME) had endorsed the same. A pain management consultation was sought. The applicant was given work restrictions. The applicant was not working with said limitations in place, the treating provider acknowledged, admittedly through pre-printed checkboxes. The treating provider stated that the applicant's physical exam was unchanged on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left shoulder without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: No, the request for MRI imaging of the left 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 for evaluation purposes without surgical indications is deemed "not recommended." Here, the September 1, 2015 office visit at issue made no mention of how (or if) the proposed shoulder MRI would influence or alter the treatment plan. The attending provider stated that he was placing the request at the behest of a qualified medical evaluator (QME). There was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention based on the outcome of the study in question. Overall commentary on the September 1, 2015 office visit at issue was quite sparse and did not seemingly support or substantiate the request. Therefore, the request is not medically necessary.