

<b>Case Number:</b>	CM15-0204260		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	01/29/2000
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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 56-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of January 29, 2000. In a Utilization Review report dated October 18, 2015, the claims administrator failed to approve a request for MR arthrography of the shoulder. The claims administrator referenced a September 30, 2015 office visit in its determination. On said September 30, 2015 office visit, the applicant reported ongoing issues with psychological stress. On a psychology note dated September 30, 2015, the applicant reported ongoing issues with psychological stress. Permanent restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place. On June 24, 2015, the applicant received a shoulder corticosteroid injection. On a September 1, 2015 pain management note, the applicant reported ongoing complaints of neck and shoulder pain, 9/10. The applicant had derivative issues with fibromyalgia and depression, it was reported. The applicant's medication list included Norco, OxyContin, Restoril, and Soma, several of which were renewed and/or continued. There was no mention of the applicant's considering shoulder surgery on this date. The claims administrator's medical evidence log was surveyed. The most recent documented note on file written by the provider who requested the study was dated June 24, 2015; thus, the September 30, 2015 note on which the article in question was sought was not seemingly incorporated into the IMR packet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MR Arthrogram of the left shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute and Chronic), MR arthrogram.

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

**Decision rationale:** No, the request for MR arthrography 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 MR arthrography of the shoulder for evaluation purposes without surgical indications is deemed not recommended. Here, multiple progress notes sitting in temporal proximity to the Utilization Review report made no mention of the need for MR arthrography of the shoulder. Neither a psychology note on September 30, 2015 or a pain management note of September 1, 2015 alluded to the applicant's actively considering or contemplating shoulder surgery. While it is acknowledged that the September 30, 2015 orthopedic note on which article in question was requested was not seemingly incorporated into the IMR packet, the notes which were furnished failed to support or substantiate the request. Therefore, the request was not medically necessary.