

Case Number:	CM15-0204315		
Date Assigned:	10/21/2015	Date of Injury:	07/02/2012
Decision Date:	12/08/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	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 59-year-old who has filed a claim for chronic neck, shoulder, and low back pain reportedly associated with an industrial injury of July 2, 2012. In a Utilization Review report dated September 30, 2015, the claims administrator failed to approve a request for MRI imaging of the shoulder and a second opinion consultation involving the cervical spine. The claims administrator referenced a September 16, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated September 23, 2015, the attending provider sought authorization for a right shoulder MR arthrogram and a second opinion consultation with a specific provider. On an associated September 16, 2015 office visit, the applicant reported ongoing complaints of neck pain radiating to the bilateral upper extremities. Heightened complaints of right shoulder pain were also reported. The attending provider stated the applicant wished to undergo cervical spine surgery, but wanted to obtain second opinion before undergoing the same. An updated cervical MRI and a second opinion cervical spine surgery consultation were sought. The applicant had undergone two prior rotator cuff repair procedures, it was reported. The applicant exhibited a significantly limited right shoulder range of motion flexion and abduction to 80- to- 90-degree range with positive signs of internal impingement also present. Cervical MRI imaging, a second opinion spine surgery consultation, and an updated shoulder MR arthrogram were sought. It was suggested that the applicant had developed rotator cuff retear. The requesting provider appeared to be the applicant's shoulder surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right shoulder with intra-articular contrast (arthrogram): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Yes, the request for MRI imaging of the right shoulder with contrast (AKA MR arthrography) was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, page 9-6, page 214, MRI imaging is recommended in the preoperative evaluation of full or partial thickness rotator cuff tears. Here, the requesting provider, a shoulder surgeon, stated that he believed the applicant had developed a rotator cuff re-tear on the date in question, September 16, 2015, status post two failed shoulder surgeries. The applicant exhibited heightened shoulder pain complaints and exhibited significantly limited shoulder range of motion on the date in question, the treating provider noted. The applicant's heightened pain complaints, the fact that the applicant had undergone two prior shoulder surgeries, and the fact that the requesting provider was the applicant's shoulder surgeon, taken together, strongly suggested that the applicant was, in fact, intent on the acting on the results of the study in question. Therefore, the request was medically necessary.

Consult second opinion for cervical spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: Similarly, the request for a second opinion consultation for a cervical spine was likewise medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, page 180, if surgery is a consideration, counseling and discussion regarding outcome, risks, benefits, and expectations is "essential." Here, the requesting provider, a shoulder surgeon, stated that the applicant was intent on pursuing cervical spine surgery but stated that the applicant wished to undergo a confirmatory second opinion consultation before moving forward with the same. As noted by ACOEM, counseling, and by implication, second opinion regarding risks, benefits, and expectations is essential here. Therefore, the request was medically necessary.