

Case Number:	CM15-0208821		
Date Assigned:	10/27/2015	Date of Injury:	08/28/2014
Decision Date:	12/11/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/23/2015

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 34-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of August 28, 2014. In a Utilization Review report dated December 23, 2015, the claims administrator failed to approve requests for MRI imaging of the shoulder with contrast and an associated arthrogram. A September 14, 2015 order form was referenced in the determination. The applicant's attorney subsequently appealed. On July 1, 2015, the applicant was placed off of work, on total temporary disability, while Norco, naproxen, Prilosec, Flexeril, and several topical compounded agents were endorsed. Lumbar epidural steroid injection therapy was sought. On August 12, 2015, the applicant received an ultrasound-guided shoulder corticosteroid injection. The claims administrator's medical evidence log, however, seemingly suggested that the most recent note on file was in fact dated August 9, 2015; thus, the September 14, 2015 office visit on which the article in question was sought was not seemingly incorporated into the IMR packet. An earlier non-contrast shoulder MRI imaging dated March 5, 2015 was notable for partial-thickness supraspinatus tendon tear, infraspinatus tendinosis, subacromial bursitis, glenohumeral joint effusions, osteoarthropathy of the acromioclavicular joint and biceps tenosynovitis. On June 3, 2015, the applicant's orthopedist suggested that the applicant might need a cubital tunnel release surgery. A cubital tunnel splint was endorsed in the interim. The applicant was asked to remain off of work in the interim. There was no mention of the need for the MR arthrogram at issue.

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 with Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

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

Decision rationale: No, the request for MRI imaging of the shoulder with 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 shoulder MRI imaging or arthrography for evaluation purposes without surgical indications is deemed “not recommended.” Here, the September 14, 2015 office visit on which the article in question was sought was not seemingly incorporated into the IMR packet. Historical notes on file made no mention of the applicant’s actively considering or contemplating any kind of surgical intervention involving the shoulder based on the outcome of the same. Earlier non-contrast shoulder MRI imaging of March 5, 2015 was, furthermore, notable for a partial tear of the supraspinatus tendon. An orthopedic note dated August 3, 2015 made no mention of said non-contrast shoulder MRI’s being technically unsatisfactory. A clear or compelling rationale for the shoulder MRI imaging with contrast was not seemingly set forth from the documentation provided, although, as noted previously, it is acknowledged that the September 14, 2015 order form in which the article in question was sought was not seemingly incorporated into the IMR packet. The information which was on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.

Shoulder Arthrogram, Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

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

Decision rationale: Similarly, the request for a shoulder arthrogram was likewise 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 shoulder MRI imaging or arthrography for evaluation purposes without surgical indications is deemed "not recommended." Here, as with the preceding request, the September 14, 2015 office visit in which the article in question was sought was not seemingly incorporated into the IMR packet. The information and historical notes on file, moreover, failed to support or substantiate the request. Therefore, the request was not medically necessary.