

<b>Case Number:</b>	CM15-0021327		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	07/22/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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 54-year-old who has filed a claim for chronic neck, shoulder, wrist, and hand pain reportedly associated with an industrial injury of July 22, 2014. In a Utilization Review report dated January 27, 2015, the claims administrator failed to approve requests for MRI imaging of the left shoulder and MRI imaging of the right shoulder. Non-MTUS Guidelines were apparently invoked at the bottom of the report; it was suggested, along with progress notes of January 21, 2015 and November 24, 2014. The applicant's attorney subsequently appealed. In a handwritten Doctor's First Report (DFR) dated September 9, 2014, the applicant was placed off of work, on total temporary disability. The applicant had alleged multifocal pain complaints, including multifocal shoulder pain complaints, secondary to cumulative trauma at work, it was acknowledged. In a December 18, 2014 progress note, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of neck, shoulder, and wrist pain. In a progress note seemingly dated January 21, 2015, the applicant reported ongoing complaints of neck, shoulder, wrist, hand, and elbow pain, again attributed to cumulative trauma at work. The applicant was not currently working, it was acknowledged. Well preserved shoulder range of motion to 160 degrees of flexion bilaterally was appreciated. The requesting provider nevertheless suggested pursuit of shoulder MRI imaging. Acupuncture was also proposed. The requesting provider was a chiropractor (DC), it was incidentally noted.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Evidence-Based Medical Treatment and Return to Work Guidelines, Shoulder.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

**Decision rationale:** The request for MRI imaging of the left shoulder was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of MRI imaging or arthrography for evaluation purposes without surgical indications is deemed 'not recommended.' Here, there was no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving the injured shoulder on or around the date of the request, January 21, 2015. The requesting provider was a chiropractor (DC), not a shoulder surgeon, reducing the likelihood of the applicant's acting on the results of the proposed shoulder MRI and/or considers surgical intervention based on the outcome of the same. The applicant's well-preserved shoulder range of motion with flexion to 160 degrees further argued against the presence of a rotator cuff tear for which surgical intervention might have been indicated. Therefore, the request was not medically necessary.

**MRI of the Right Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Evidence-Based Medical Treatment and Return to Work Guidelines, Shoulder.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

**Decision rationale:** The request for MRI imaging of the right shoulder was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of shoulder MRI imaging or arthrography for evaluation purposes without a surgical indications is deemed 'not recommended.' Here, 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. The applicant's well-preserved shoulder range of motion argued against the presence of a focal, discrete rotator cuff tear for which surgical intervention would be warranted. The fact that MRI surgeries of the left and right shoulders were endorsed, significantly reduced the likelihood of the applicant's acting on the results of either study, and/or consider surgical intervention based on the outcome of the same, as with the fact that requesting provider was chiropractor (DC) as opposed to a shoulder surgeon. Therefore, the request was not medically necessary.

