

Case Number:	CM15-0049866		
Date Assigned:	03/23/2015	Date of Injury:	02/25/2013
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/16/2015

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 26-year-old who has filed a claim for chronic neck, mid back pain, low back pain, and shoulder pain reportedly associated with an industrial injury of February 24, 2013. In a Utilization Review Report dated March 10, 2015, the claims administrator failed to approve a request for MRI imaging of the shoulder. The claims administrator referenced a February 23, 2015 progress note and associated RFA form in its determination. The applicant's attorney subsequently appealed. On February 23, 2015, the applicant reported multifocal complaints of neck, mid back, and low back with derivative complaints of headaches, psychological stress, and anxiety. Only incidental mention was made of the shoulder. Tenderness was noted about the shoulder musculature and trapezius muscles. MRI imaging of the shoulder and six sessions of acupuncture were sought. The applicant had also received orders to obtain MRI imaging of the cervical spine, thoracic spine, and electrodiagnostic testing of bilateral upper and bilateral lower extremities, it was acknowledged, via an earlier note dated January 30, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 3D of the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Shoulder Procedure Summary, Indications for imaging.

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

Decision rationale: No, the request for a shoulder MRI 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 of the shoulder for evaluation purposes without surgical indications is deemed "not recommended." Here, the attending provider did, in fact, suggest that he was performing shoulder MRI imaging for routine evaluation purposes. The attending provider made no mention of the applicant's willingness to consider or contemplate any kind of surgical remedy involving the shoulder based on the outcome of the study in question. Indeed, only incidental mention was made of the applicant's shoulder on the February 23, 2015 progress note at issue. The fact that the attending provider concurrently ordered MRI studies of numerous other body parts, including the neck, mid back, low back, etc., significantly reduced the likelihood of the applicant's acting on the results of the proposed shoulder MRI and/or consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.