

Case Number:	CM15-0050060		
Date Assigned:	03/23/2015	Date of Injury:	09/29/2011
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/17/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 52 year old male who sustained an industrial injury on 9/29/11. The injured worker reported symptoms in the right shoulder and right neck. The injured worker was diagnosed as having right shoulder chronic pain with loss of range of motion and weakness, status post right upper extremity rotation injury, status post right shoulder arthroscopic surgery on 3/21/12, right long finger stenosing tenosynovitis, right median neuropathy carpal tunnel and right shoulder chronic pain with loss of range of motion and weakness. Treatments to date have included cortisone injection, physical therapy, activity modification, oral pain medication, oral analgesic, muscle relaxant, home exercise program, and topical cream. Currently, the injured worker complains of pain in the right shoulder and right neck. The plan of care was for a magnetic resonance imaging, second opinion and a follow up appointment at a later date. 12/15/14 orthopedic surgery report noted that the patient has residual impingement and degenerative arthritis of the glenohumeral joint. There is a possible need for open acromioplasty and distal clavicle excision and possible total shoulder replacement in the future, but he is permanent and stationary at the moment.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207 - 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic resonance imaging (MRI).

Decision rationale: Regarding the request for repeat MRI of the shoulder, CA MTUS does not specifically address the issue. ODG states that repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation available for review, the patient had an MR arthrogram less than one year prior to the current request and there is no indication of any significant change in the patient symptoms and/or findings suggesting a significant worsening of the patient's pathology or a new issue which needs to be evaluated by MRI. In the absence of clarity regarding those issues, the currently requested repeat shoulder MRI is not medically necessary.

Comprehensive second opinion consult or re-evaluation by the AME: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient is currently being seen by orthopedics, who noted that the patient's symptoms are related to residual impingement and degenerative arthritis of the glenohumeral joint. He noted a possible need for shoulder surgery in the future, but that the patient is permanent and stationary at the moment. The requesting provider has not indicated disagreement with that assessment or another clear rationale for second opinion from orthopedics and/or reevaluation from the AME. In the absence of clarity regarding the above issues, the currently requested consultation is not medically necessary.