MAXIMUS Federal Services

Case Number:	CM15-0056118		
Date Assigned:	04/01/2015	Date of Injury:	03/31/1996
Decision Date:	05/05/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/24/2015

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 shoulder, wrist, and elbow pain reportedly associated with an industrial injury of March 31, 1996. In a Utilization Review report dated February 24, 2015, the claims administrator failed to approve a request for MR arthrography of the shoulder. A RFA form dated February 15, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On February 12, 2015, the applicant reported ongoing issues with shoulder pain, wrist pain, and hand pain with associated upper extremity paresthesias. The applicant had undergone earlier left shoulder arthroplasty surgery and bilateral carpal tunnel release surgeries, it was acknowledged. The applicant was described as pending MRI imaging of the shoulder on this date. The applicant was placed off of work, on total temporary disability. In an earlier progress note dated January 12, 2015, the applicant reported bilateral shoulder pain, bilateral wrist pain, and upper extremity paresthesias. Multiple topical compounded medications and MRI imaging of the shoulder were proposed. The applicant was again placed off of work, on total temporary disability. There was no discussion of how the proposed shoulder MRI would influence or alter the treatment plan. Tenderness about the shoulder musculature with positive provocative testing was appreciated.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR arthrogram of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, arthrography.

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

Decision rationale: No, the request for MR arthrography of the shoulder 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 imaging or arthrography for evaluation purposes without surgical indication is deemed "not recommended". Here, there was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the proposed MR arthrogram of the shoulder and/or consider surgical intervention based on the outcome of the same. It was not clearly stated what was suspected. The multifocal nature of the applicant's pain complaints, which included the bilateral shoulders, bilateral wrists, bilateral upper extremities, etc., significantly reduced the likelihood of the applicant's acting on the results of the proposed shoulder MR arthrogram and/or consider surgical intervention based on the outcome of the same. Therefore, the request is not medically necessary.