

Case Number:	CM15-0058290		
Date Assigned:	04/03/2015	Date of Injury:	08/27/2011
Decision Date:	05/05/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/27/2015

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 49-year-old who has filed a claim for chronic neck, shoulder, arm, hand, and mid back pain reportedly associated with an industrial injury of August 27, 2011. In a Utilization Review report dated March 2, 2015, the claims administrator failed to approve request for shoulder MRI imaging. A RFA form received on February 20, 2015 and a progress note of same date were referenced in the determination. The claims administrator invoked non-MTUS ODG Guidelines in favor of MTUS Guidelines in the determination. The applicant's attorney subsequently appealed. On January 6, 2015, the applicant reported ongoing complaints of neck and shoulder pain. The applicant had undergone earlier rotator cuff repair surgery in 2013, it was acknowledged. Significant limited shoulder range of motion was noted with abduction and flexion in the 190-degree range. Positive signs of internal impingement were noted. The attending provider proposed MRI imaging of the shoulder, stating that the applicant was a candidate for revision shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, Chronic Pain Treatment Guidelines Chronic pain,

Opioids, criteria for use Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: Yes, the request for MRI imaging of the shoulder was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM 9, Table 9-6, page 214, shoulder MRI imaging is "recommended" in the preoperative evaluation of partial thickness or large full thickness rotator cuff tears. Here, the requesting provider did suggest that the applicant was intent on pursuing revision shoulder surgery on or around the date in question, January 6, 2015. The applicant's presentation with worsening shoulder pain, limited range of motion, and positive provocative testing was consistent with a rotator cuff re-tear. Moving forward with shoulder MRI imaging was, thus, indicated in the clinical context present here, particular in light of the fact that the requesting provider suggested that the applicant would act on the results of the study in question and/or consider revision surgery. Therefore, the request is medically necessary.