

Case Number:	CM15-0058376		
Date Assigned:	04/03/2015	Date of Injury:	02/28/2011
Decision Date:	05/06/2015	UR Denial Date:	03/06/2015
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 60-year-old who has filed a claim for chronic shoulder, chest, rib, leg, and knee pain reportedly associated with an industrial injury of February 20, 2011. In a Utilization Review report dated March 6, 2015, the claims administrator failed to approve a request for MRI imaging of the shoulder. The claims administrator referenced an RFA form of February 27, 2015 and a progress note of February 25, 2015 in its determination. Non-MTUS ODG guidelines were invoked in the determination. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log seemingly suggested that the most recent notes on file were an October 7, 2014 medical-legal evaluation and a July 11, 2013 progress note. In an October 7, 2014 medical-legal evaluation, the medical-legal evaluator noted that the applicant was little over a year removed from an earlier right total shoulder arthroplasty procedure. Little-to-no mention of the applicant's left shoulder issues was made. The applicant was not working, it was suggested.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Magnetic resonance imaging (MRI).

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

Decision rationale: No, the request for a left 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 imaging of the shoulder for evaluation purposes without surgical indications is deemed "not recommended." Here, however, there was neither an explicit statement (nor an implicit expectation) that the applicant was actively considering left shoulder surgery. Neither the February 25, 2015 progress note nor the February 27, 2015 RFA form in which the article in question was proposed were seemingly incorporated into the Independent Medical Review packet. The historical information on file did not establish a compelling case for pursuit of the shoulder MRI in question. Therefore, the request was not medically necessary.