

Case Number:	CM15-0083476		
Date Assigned:	05/05/2015	Date of Injury:	04/26/2012
Decision Date:	06/08/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/30/2015

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 62-year-old who has filed a claim for chronic low back, wrist, elbow, knee, and neck pain reportedly associated with an industrial injury of April 26, 2012. In a Utilization Review report dated April 9, 2015, the claims administrator failed to approve a request for right shoulder MRI imaging. The claims administrator referenced an RFA form dated April 2, 2015 in its determination, along with a progress note dated March 9, 2015. The applicant's attorney subsequently appealed. On October 16, 2014, the applicant reported ongoing, multifocal complaints of low back, knee, wrist, and shoulder pain. The applicant was on Motrin and Norco, it was reported. The applicant was placed off of work, on total temporary disability. Healed surgical portals were noted about the injured right shoulder. Right shoulder weakness was reported with flexion and abduction limited to 120 to 140 degrees. Motrin, Ultracet, Norco, and physical therapy were endorsed while the applicant was placed off of work, on total temporary disability. On April 3, 2015, the applicant reported 6-7/10 right wrist, right shoulder, right knee, and right elbow pain. The applicant was not working, it was acknowledged. The applicant had undergone earlier shoulder surgery, the treating provider again noted. 120 to 140 degrees of right shoulder flexion and abduction were appreciated with shoulder weakness and positive signs of internal impingement also evident. The attending provider stated that the applicant's presentation was suggestive of a rotator cuff tear. The attending provider stated that the applicant was pending surgical intervention involving the right shoulder. The applicant was placed off of work, on total temporary disability. On March 18, 2015, the applicant underwent a medical-legal evaluation in which the medical-legal evaluator alluded to earlier right shoulder

MRI imaging of February 3, 2015 demonstrating a full thickness rotator cuff tear. The applicant was placed off of work, on total temporary disability. The medical-legal evaluator suggested that the applicant pursue right 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 right shoulder with contrast: 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), Treatment Index, Shoulder - Magnetic resonance imaging (MRI).

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

Decision rationale: No, the request for right shoulder MRI imaging 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 usage of MRI imaging or arthrography for routine evaluation purposes without surgical indications is deemed “not recommended.” Here, it was not clearly stated or clearly established why repeat shoulder MRI imaging was being sought so soon after the applicant had received earlier positive shoulder MRI imaging in February 2015. No clear or compelling rationale for pursuit of repeat right shoulder MRI imaging was furnished by the requesting provider. It did not appear, moreover, that the applicant was intent on acting on the results of the study in question. The applicant was apparently contemplating a right knee arthroscopy procedure. There were no imminent plans for the applicant to pursue any kind of surgical intervention involving the right shoulder, it was seemingly acknowledged above. Therefore, the request was not medically necessary.