

Case Number:	CM15-0089150		
Date Assigned:	05/13/2015	Date of Injury:	11/27/2014
Decision Date:	06/22/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	05/08/2015

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, Florida, 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 injured worker is a 54 year old male, who sustained an industrial injury on November 27, 2014, incurring neck, upper back, right shoulder and bilateral elbows after a motor vehicle accident. He was diagnosed with right and left elbow contusions, cervical strain, cervical radiculopathy, thoracic sprain and right shoulder strain. Treatment included anti-inflammatory drugs, pain medications, physical therapy, transcutaneous electrical stimulation unit, cold and hot packs and work restrictions. Currently, the injured worker complained of constant 7/10 neck pain radiating to the bilateral upper extremities with numbness and tingling in both arm, constant 8/20 mid back pain and constant 8/10 right shoulder pain. The treatment plan that was requested for authorization included a right shoulder Magnetic Resonance Imaging and psychosocial evaluation with treatment recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder MRI: Upheld

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

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

Decision rationale: In this case, there was neck pain radiating to the shoulder. There were no shoulder signs suspicious for internal orthopedic derangement. The MTUS was silent on shoulder MRI. Regarding shoulder MRI, the ODG notes it is indicted for acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs OR for subacute shoulder pain, suspect instability/labral tear. It is not clear what orthopedic signs point to a suspicion of instability or tearing, or if there has been a significant progression of objective signs in the shoulder to support advanced imaging. The request is not medically necessary.

Psychosocial evaluation with treatment recommendations if clinically indicated: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations.

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) Chapter 7, page 127.

Decision rationale: Technically, ACOEM Chapter 7 is not within the MTUS collection; therefore, it is more appropriately cited under the other Guidelines categorization. ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. This request for the psychosocial evaluation fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. At present, the request is not medically necessary.