

Case Number:	CM14-0148259		
Date Assigned:	09/18/2014	Date of Injury:	11/30/2012
Decision Date:	11/10/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/11/2014

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. The expert reviewer is Board Certified in Occupational medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 [REDACTED] employee who has filed a claim for shoulder, knee, neck, and low back pain reportedly associated with an industrial injury of December 6, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; earlier knee surgery; and extensive periods of time off of work. In a Utilization Review Report dated August 29, 2014, the claims administrator denied a request for shoulder MRI imaging. The applicant's attorney subsequently appealed. In an earlier note dated March 24, 2014, the applicant was described as no longer working as a delivery driver. The applicant was under financial constraints associated with loss of income. The applicant was given diagnoses of low back pain, neck pain, and knee pain. Tylenol was endorsed. In an August 7, 2014 progress note, the applicant reported persistent complaints of shoulder pain, especially with reaching overhead. The applicant was status post knee surgery, it was noted. Low back pain and neck pain were also noted. It was stated that a right shoulder MRI scan and a potential subacromial corticosteroid injection for the shoulder were indicated. The applicant was described as having shoulder pain while reaching overhead. In a medical-legal evaluation dated April 22, 2014, the applicant apparently presented with bilateral shoulder pain, exacerbated by reaching overhead. It was stated that the applicant had not received any specific treatment for his shoulders, had not had any MRI imaging over the intervening one and a half years, and further noted that his shoulders were worsening over time. Shoulder x-rays demonstrated low-grade degenerative changes of uncertain clinical significance. The attending provider stated that the applicant had findings consistent with a rotator cuff injury, including a partial thickness rotator cuff tear and/or impingement syndrome. The medical-legal evaluator suggested that the applicant undergo an MRI of the shoulder and/or consult an orthopedic shoulder surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): Table 9-2, page 202..

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-2, page 202, MRI imaging is recommended as a test of choice to help establish a diagnosis of rotator cuff tear but is generally indicated only for preoperative planning purposes. In this case, the applicant has a longstanding history of right shoulder pain complaints. The applicant is having difficulty reaching overhead. The applicant is having difficulty performing activities of daily living involving the injured shoulder. MRI imaging is indicated to determine the presence or absence of a lesion amenable to surgical correction. The treating provider has suggested that the MRI imaging in question will influence the treatment plan and/or influence the decision as to whether to pursue corticosteroid injection therapy or obtain a more definitive remedy. These comments and conclusions are echoed by that of the applicant's medical-legal evaluator, who has also suggested that the applicant likely has rotator cuff pathology involving the injured right shoulder. MRI imaging is indicated to delineate the extent of the same. Therefore, the request for MRI of right shoulder is medically necessary and appropriate.