

Case Number:	CM14-0176611		
Date Assigned:	10/29/2014	Date of Injury:	02/13/2012
Decision Date:	12/05/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/24/2014

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 bilateral shoulder pain reportedly associated with an industrial injury of February 13, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; earlier trigger finger release surgery; unspecified amounts of physical therapy over the course of the claim; and extensive periods of time off of work. In a Utilization Review Report dated October 10, 2014, the claims administrator denied a request for MRI imaging of the bilateral shoulders. The applicant's attorney subsequently appealed. In a November 5, 2014 progress note, the applicant reported ongoing complaints of shoulder, hand, wrist, and finger pain reportedly associated with cumulative trauma at work. The applicant also had issues with headaches, neck pain, mid back pain, low back pain, lower extremity pain, and depression, it was acknowledged. The note was quite difficult to follow and mingled old complaints with current complaints. The applicant apparently exhibited shoulder range of motion to 135 degrees of flexion bilaterally, although this, too, was very difficult to follow. Naprosyn, Prilosec, and Tylenol No. 3 were renewed. MRI imaging of the shoulders was apparently sought. The applicant was placed off of work, on total temporary disability. The requesting provider was a chiropractor (DC).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6, page 214..

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 214, the routine usage of MRI or arthrography of the shoulder for evaluation purposes without surgical indications is "not recommended." In this case, there was no explicit statement (or implicit expectation) that the applicant would act on the results of the proposed shoulder MRI and/or consider any kind of surgical intervention involving the right shoulder. Rather, the multifocal nature of the applicant's complaints, which included the bilateral shoulders, bilateral wrists, bilateral elbows, low back, neck, etc., coupled with the psychological symptoms of depression and anxiety would seemingly suggest that the applicant was not, in fact, likely to pursue any kind of surgical intervention involving the right shoulder. Therefore, the request is not medically necessary.

MRI of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6, page 214..

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 214, the routine usage of MRI imaging of the shoulder without surgical indications is "not recommended." In this case, there was no explicit statement (or implicit expectation) that the applicant would act on the results of the proposed shoulder MRI and/or consider any kind of surgical intervention involving the injured shoulder. The multifocal nature of the applicant's complaints, which included the bilateral shoulders, neck, low back, bilateral wrists, fingers, etc., would seemingly suggest that there was not a high likelihood that the applicant would act on the results of the proposed shoulder MRI and/or consider any interventional procedure involving the same. Therefore, the request is not medically necessary.