

<b>Case Number:</b>	CM14-0183178		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	10/02/2013
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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:

According to the records made available for review, this is a 51-year-old male with a 10/2/13 date of injury, and left knee arthroscopic partial medial meniscectomy with chondroplasty on 5/13/14. At the time (9/5/14) of request for authorization for Psych/MRI referral, there is documentation of subjective (right shoulder pain) and objective (restricted shoulder range of motion and tenderness over the deltoid muscle) findings, imaging findings (reported MRI of the right shoulder (12/19/13) revealed hypertrophy of the acromioclavicular joint with associated degenerative change and type 3 acromion process and there is noted tendinosis/tear at the origin of the tendon and musculotendinous junction as well as minimal subacromial joint effusion; report not available for review), current diagnoses (right shoulder impingement syndrome and anxiety state), and treatment to date (medications and physical therapy). Medical report identifies that the patient feels the need for more sessions. Regarding Psych referral, there is no documentation of a rationale identifying the medical necessity of the requested follow-up. Regarding MRI, there is no documentation of a diagnosis/condition (with supportive subjective and objective findings) for which a repeat study is indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psych/MRI referral:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC - MRI

**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) Independent Medical Examinations and Consultations AND Shoulder Complaints Chapter, page(s) 127 and 214 Official Disability Guidelines (ODG) Pain AND Shoulder Chapter, Office visits and Magnetic resonance imaging (MRI) Other Medical Treatment Guideline or Medical Evidence: Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging

**Decision rationale:** Specifically regarding follow-up, MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Specifically regarding repeat MRI, MTUS reference to ACOEM Guidelines identifies documentation of preoperative evaluation of partial thickness or large full-thickness rotator cuff tears, as criteria necessary to support the medical necessity of shoulder MRI. ODG identifies documentation of acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; subacute shoulder pain, or suspect instability/labral tear, as criteria necessary to support the medical necessity of shoulder MRI. In addition, ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnoses of right shoulder impingement syndrome and anxiety state. In addition, there is documentation of a previous right shoulder MRI. However, despite documentation that the patient feels the need for more sessions, there is no documentation of a rationale identifying the medical necessity of the requested follow-up. In addition, there is no documentation of a diagnosis/condition (with supportive subjective and objective findings) for which a repeat study is indicated. Therefore, based on guidelines and a review of the evidence, the request for Psych/MRI referral is not medically necessary.