

Case Number:	CM14-0051409		
Date Assigned:	06/23/2014	Date of Injury:	10/01/2012
Decision Date:	02/11/2015	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/21/2014

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 chronic shoulder pain reportedly associated with an industrial injury of October 1, 2012. In a March 12, 2014 Utilization Review Report, the claims administrator denied a request for shoulder MRI imaging. The claims administrator referenced a February 14, 2014 RFA form in its determination. The claims administrator incidentally noted that the applicant was diabetic. A progress note of February 11, 2014 was also referenced. The claims administrator UR report was extremely difficult to follow, contained no paragraph separators, and invoked non-MTUS ODG Guidelines in favor of MTUS Guidelines. The applicant's attorney subsequently appealed. In a February 10, 2014 RFA form, left shoulder MRI imaging was sought, along with an elbow corticosteroid injection. The stated diagnoses in the RFA form were lateral epicondylitis and medial epicondylitis. In a letter dated March 24, 2014, the applicant stated that he has progressively worsening shoulder pain. The applicant stated that he was not working. The applicant stated that, at times, his shoulder pain was excruciating. In a February 11, 2014 progress note, the applicant reported persistent complaints of left elbow pain. The attending provider noted that he was not doing much for the applicant and was simply endorsing the applicant's disability paperwork. There was no mention of the need for shoulder MRI imaging on this date. The applicant's primary pain generators were medial and lateral epicondylitis, it was noted. On December 3, 2013, the applicant reported persistent complaints of elbow and shoulder pain, 4/10. The applicant's medication list included Zestril, tramadol, Neurontin, naproxen, metformin, and terazosin. The applicant exhibited 4- to 4+/5 wrist strength, 4+ to 5- elbow strength, and 5/5 shoulder strength. Lateral epicondylitis, medial epicondylitis, and myalgias and myositis of body parts were the stated pain generators. Trigger point injection therapy, physical therapy, Flector patches, and a wrist brace were endorsed. The remainder of the

file was reviewed on multiple occasions. The bulk of the documentation on file pertained to the applicant's elbow pain complaints, including an August 28, 2013 office visit in which a hand surgeon diagnosed the applicant with severe medial and lateral epicondylitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for left shoulder.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

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

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of shoulder MRI imaging for evaluation purpose without surgical indications is deemed "not recommended." Here, the progress notes on file contained only passing references to the applicant's issues with shoulder pain. The bulk of the information on file comprised of documentation of the applicant's elbow pain complaints. The February 10, 2014 RFA form on which the shoulder MRI was sought was not accompanied by any rationale which would support MRI imaging of the shoulder here. The applicant's primary pain generators were consistently described as the left elbow. The request for shoulder MRI imaging, furthermore, was endorsed by a physiatrist as opposed to an orthopedic shoulder surgeon, diminishing the likelihood that the applicant was acting on the results of the proposed shoulder MRI and/or considering surgical intervention based on the outcome of the same. Therefore, the request is not medically necessary.