MAXIMUS Federal Services

Case Number:	CM15-0013083		
Date Assigned:	01/30/2015	Date of Injury:	10/07/2007
Decision Date:	03/20/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/22/2015

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, Ohio, 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 58 year old female who sustained an industrial injury on October 7, 2007. There was no mechanism of injury documented. The injured worker was diagnosed with cervical and lumbar disc syndrome, bilateral shoulder internal derangement and bilateral knee internal derangement. The injured worker underwent right carpal tunnel release in 2009. According to the primary treating physician's progress report on November 11, 2014, the injured worker continues to experience pain with range of motion of the right wrist, bilateral hip pain, low back pain, and significant bilateral shoulder pain with range of motion, right shoulder slightly worse than the left. Current medications consist of Tramadol ER, topical analgesic creams and Omeprazole.The treating physician requested authorization for Magnetic resonance imaging (MRI) of left shoulder and Magnetic resonance imaging (MRI) of right shoulder to assess rotator cuff pathology.On December 30, 2014 the Utilization Review denied certification for Magnetic resonance imaging (MRI) of left shoulder and Magnetic resonance imaging (MRI) of right shoulder.Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (updated 10/31/14), Magnetic Resonance Imaging (MRI)

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

Decision rationale: FILE NUMBER: CM15-0013083CLINICAL SUMMARY: The applicant is a represented Tri-Star Electronics employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 7, 2007.In a Utilization Review Report dated December 30, 2014, the claims administrator failed to approve a request for left and right shoulder MRI imaging. The claims administrator referenced a November 11, 2014 RFA form in its determination. The claims administrator did acknowledge that the applicant had had left shoulder surgery some three years prior. The claims administrator contended that the applicant had multifocal pain complaints, including back pain, hip pain, and knee pain. The claims administrator contended that the applicant actually carried a diagnosis of adhesive capsulitis as opposed to a diagnosis of rotator cuff pathology.The applicant's attorney subsequently appealed.On November 11, 2014, the applicant reported ongoing complaints of left knee, right knee, left ankle, right shoulder, and left shoulder pain. The applicant was status post left and right carpal tunnel release surgery. The applicant also reported right and left hip pain. The applicant was given diagnosis of right and left knee arthritis. The applicant was given diagnosis of right and left ankle arthritis. The applicant reportedly had questionable rotator cuff tears bilaterally. The applicant exhibited right shoulder flexion limited to 80 degrees and left shoulder flexion also limited to 90 degrees. The attending provider stated that he was intent on pursuing further physical therapy for the right wrist. Left shoulder MRI imaging was sought to assess for any rotator cuff pathology. Right shoulder MRI imaging was also sought to assess or any right shoulder pathology. Hip corticosteroid injections were endorsed. The attending provider did not state, however, how (or if) he would act on the proposed MRI studies. In an earlier note dated August 12, 2014, the attending provider sought authorization for left knee and right shoulder MRI studies while keeping the applicant off of work on permanent, total disability. The attending provider stated that he was proposing shoulder knee MRI imaging to search for any structural derangement of the body parts in question. Urine drug screen was also ordered.REFERRAL QUESTIONS:1. No, the proposed MRI of the left shoulder was not medically necessary, medically appropriate, or indicated here.As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of MRI imaging for evaluation purposes without surgical indications is deemed 'not recommended.' Here, the attending provider acknowledged that he was, in fact, performing shoulder MRI imaging for academic or evaluation purposes, with no clearly formed intention of acting on the results of the same. The multifocal nature of the applicant's complaints, coupled with the fact that the attending provider was seemingly intent on pursuing MRI studies in multiple body parts, significantly reduced the likelihood of the applicant's acting on the results of the same. Therefore, the request is not medically necessary.REFERENCES:ACOEM Practice Guidelines, Chapter 9, Table 9-6, page 214.

MRI of the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (updated 10/31/14), Magnetic Resonance Imaging (MRI)

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

Decision rationale: 2. Similarly, the request for MRI imaging of the right shoulder was likewise not medically necessary, medically appropriate, or indicated here.As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, MRI imaging of the shoulder without surgical indications is deemed 'not recommended.' In this case, there was neither an explicitly statement (nor an implicit expectation) that the applicant would act on the results of the proposed shoulder MRI and/or consider surgical intervention based on the outcome of the same. The multifocal nature of the applicant's complaints, multiplicity of body parts involved, and the fact that MRI imaging of multiple body parts was sought, taken together, significantly reduced the likelihood of the applicant's acting on the results of the proposed shoulder MRI and/or consider surgical intervention based on the outcome of the same.Therefore, the request was not medically necessary.