

Case Number:	CM15-0170388		
Date Assigned:	09/10/2015	Date of Injury:	12/14/2010
Decision Date:	10/15/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/28/2015

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, New York, 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 applicant is a represented 64-year-old who has filed a claim for chronic neck, shoulder, wrist, and low back pain with derivative complaints of headaches reportedly associated with an industrial injury of December 14, 2010. In a Utilization Review report dated July 24, 2015, the claims administrator failed to approve a request for MRI imaging of the left and right shoulders. The claims administrator referenced a July 20, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said July 20, 2015 progress note, the applicant reported ongoing complaints of shoulder, knee, wrist, and neck pain. The applicant had undergone earlier failed cervical spine surgery, it was reported. The applicant was not working, it was acknowledged, following imposition of permanent work restrictions by a medical-legal evaluator. Limited range of motion about the left shoulder was noted with pain and hyposensorium about the right shoulder. 110 degrees of left shoulder abduction and 150 degrees of right shoulder abduction were reported. MRI imaging of the cervical spine and MRI imaging of the bilateral shoulders were sought while the applicant was seemingly kept off of work. It was not stated how (or if) the proposed shoulder MRIs would influence or alter the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004,
Section(s): Summary.

Decision rationale: No, the request for MRI imaging of the right 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 or arthrography of the shoulder for evaluation purposes without surgical indications is deemed not recommended. Here, the fact that MRI studies of the cervical spine, left shoulder, and right shoulder were all concomitantly ordered on June 20, 2015 strongly suggested that said studies were in fact ordered for routine evaluation purposes, without any clearly formed intention of acting on the same. Therefore, the request is not medically necessary.

MRI Left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004,
Section(s): Summary.

Decision rationale: Similarly, the request for MRI imaging of the left 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, the usage of shoulder MRI imaging or arthrography for routine evaluation purposes without surgical indications is deemed not recommended. Here, there was neither an explicit 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 fact that left shoulder MRI imaging, right shoulder MRI imaging, and cervical MRI imaging were concomitantly ordered strongly suggested that said studies had in fact been ordered for routine evaluation purposes, without any active intention of acting on the results of the same. Therefore, the request is not medically necessary.