

Case Number:	CM15-0173059		
Date Assigned:	09/15/2015	Date of Injury:	09/12/2014
Decision Date:	10/22/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/02/2015

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 [REDACTED] beneficiary who has filed a claim for chronic hip and shoulder pain reportedly associated with an industrial injury of September 12, 2014. In a Utilization Review report dated August 28, 2015, the claims administrator failed to approve requests for MRI imaging of the hip and shoulder. An August 12, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On a Doctor's First Report (DFR) dated August 12, 2015, the applicant reported ongoing complaints of low back, shoulder, and hip pain. Tramadol was endorsed. MRI imaging of the hip and shoulder were sought. The applicant was placed off of work, on total temporary disability. Little-to-no narrative commentary accompanied the request. It was suggested that the applicant carry diagnoses of shoulder strain, hip strain, and lumbar spine strain. The requesting provider was an occupational medicine physician, it was reported on an RFA form dated August 12, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left hip and left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Hip and Pelvis.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Hip and Groin Disorders, pg. 43 3. Recommendation: MRI for Routine Evaluation of Acute, Subacute, Chronic Hip Joint Pathology MRI is not recommended for routine evaluation of acute, subacute, or chronic hip joint pathology, including degenerative joint disease. Strength of Evidence - Not Recommended, Insufficient Evidence (I).

Decision rationale: No, the request for MRI imaging of the hip and 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 or arthrography of the shoulder for evaluation purposes without surgical indications is deemed "not recommended." Here, the DFR and RFA form of August 12, 2015 were thinly and sparsely developed and did not clearly state how (or if) the proposed shoulder MRI would influence or alter the treatment plan. There was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention based on the outcome of the study in question. The fact that the requesting provider was an occupational medicine specialist (as opposed to a shoulder surgeon) further reduced the likelihood of the applicant's acting on the results of the study in question and/or go on to consider surgical intervention based on the outcome of the same. Therefore, the shoulder MRI component of the request was not medically necessary. Similarly, the hip MRI component of the request was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of hip MRI imaging. However, the Third Edition ACOEM Guidelines Hip and Groin Disorders Chapter notes that MRI imaging is not recommended in the routine evaluation of acute, subacute, and/or chronic hip joint pathology, the latter of which was seemingly present here. As with the preceding request for shoulder MRI imaging, the attending provider did not state how (or if) the proposed hip MRI would influence or alter the treatment plan. There was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention based on the outcome of the same. The fact that 2 separate MRI studies were concurrently ordered strongly suggested that said studies had in fact been ordered for routine evaluation purposes, without any active intent of acting on the result of the same. Therefore, the request was not medically necessary.