

<b>Case Number:</b>	CM15-0047111		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	05/14/2011
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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 44-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of May 14, 2011. In a Utilization Review report dated February 24, 2015, the claims administrator failed to approve requests for MRI imaging of the left shoulder, MRI imaging of the right shoulder, and a 10-day chronic pain program. The claims administrator referenced progress notes of February 11, 2015 and September 16, 2014 in its determination. The applicant's attorney subsequently appealed. In a letter dated April 21, 2015, the Administrative Director (AD) of the Division of Workers' Compensation (DWC) stated that the application for an IMR of the MRI of the left shoulder was granted. The Administrative Director stated, however, that the requests for MRI imaging of the right shoulder and the chronic pain program for the right shoulder were ineligible for Independent Medical Review. On February 11, 2015, the applicant reported ongoing complaints of bilateral shoulder pain, 8/10. Self-care, grooming, and performing activities of personal hygiene were painful, as were lifting and reaching overhead. The applicant was on Flector, Norco, and omeprazole. 130-150 degrees of shoulder flexion and abduction were appreciated bilaterally. The applicant was given a diagnosis of adhesive capsulitis of the bilateral shoulders. The applicant was placed off of work. The applicant was deemed medically disabled, the treating provider reported. A 10-day trial of functional restoration program was proposed. MRI imaging of the bilateral shoulders was also sought to determine the extent of the pathology involving the shoulders. The requesting provider was a physiatrist, it was incidentally noted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging), Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214, Table 9-6. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Procedure Summary.

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

**Decision rationale:** No, the request for MRI imaging 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, MRI imaging or arthrography of the shoulder for routine evaluation purposes without surgical indications is deemed "not recommended." Here, the fact that the attending provider ordered MRI studies of the bilateral shoulders significantly reduced the likelihood of the applicant's acting on the results of either study and/or consider surgical intervention based on the outcome of the same. The fact that the applicant was a pain management physician/physiatrist as opposed to a shoulder surgeon likewise diminished 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. There was, thus, neither an explicit statement (nor implicit expectation) that the applicant was intent on pursuing any kind of surgical remedy for the stated diagnosis of adhesive capsulitis. Therefore, the request was not medically necessary.