

Case Number:	CM15-0075224		
Date Assigned:	04/27/2015	Date of Injury:	05/30/2000
Decision Date:	05/22/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/20/2015

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 50-year-old who has filed a claim for chronic shoulder and low back pain reportedly associated with an industrial injury of May 30, 2000. In a Utilization Review report dated April 13, 2015, the claims administrator failed to approve a request for shoulder MRI imaging. A RFA form received on April 9, 2015 was referenced in the determination, as was the progress note of March 30, 2015. On March 9, 2015, the applicant reported ongoing complaints of left posterior shoulder pain. The applicant was on tramadol for pain relief. Ancillary complaints of back and hip pain were noted, somewhat approved as a result of the applicant's earlier lumbar fusion surgery. The applicant exhibited 175 degrees of shoulder flexion, with some tenderness about the posterior glenohumeral region appreciated. Physical therapy, massage therapy, tramadol, and permanent work restrictions were endorsed. It was stated that the applicant was working in a new position with an alternate employer. There was no mention of the need for shoulder MRI imaging on this date. In a RFA form dated March 27, 2015, tramadol and massage therapy were sought. There was no mention of the need for shoulder MRI imaging. The claims administrator's medical evidence log suggested that the March 27, 2015 progress note on file was the most recent note on file; thus, the March 30, 2015 progress made available to the claims administrator was not incorporated into the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (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 (Acute & Chronic).

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

Decision rationale: No, the request for MRI imaging of the shoulder was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of MRI or arthrography for evaluation purposes without surgical indications is deemed "not recommended." Here, the March 13, 2015 progress note made available to the claims administrator was not seemingly incorporated into the IMR packet. The historical information on file, namely the March 9, 2015 progress note, however, suggests that the applicant retain well-preserved shoulder range of motion with flexion to 175 degrees, negative provocative testing, and muscular tenderness. The applicant's presentation, thus, did not appear to be consistent with a rotator cuff tear. There was no evidence of the applicant's considering or contemplating any kind of surgical intervention involving the injured shoulder based on the outcome of the study in question. While it is acknowledged that the March 30, 2015 progress note in which the article in question was proposed was not incorporated into the IMR packet, the historical information on file did not, however, support or substantiate the request. Therefore, the request was not medically necessary.