

Case Number:	CM15-0078432		
Date Assigned:	04/29/2015	Date of Injury:	07/01/2012
Decision Date:	06/08/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/23/2015

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 56-year-old who has filed a claim for chronic arm, forearm, elbow, wrist, hand, low back, neck, and shoulder pain reportedly associated with an industrial injury of July 1, 2012. In a Utilization Review report dated March 25, 2015, the claims administrator failed to approve a request for MRI imaging of the shoulder. A progress note and associated RFA form of March 13, 2015 were referenced in the determination. Non-MTUS ODG guidelines were employed, despite the fact that the MTUS addressed the topic. The applicant's attorney subsequently appealed. On March 13, 2015, the applicant followed up with her pain management physician reporting multifocal complaints of arm, elbow, wrist, low back, leg, ankle, knee, and shoulder pain with derivative complaints of depression, anxiety, and insomnia. The applicant was using both topical compounded medications and oral pharmaceuticals, the treating provider reported. The note was very difficult to follow and had been blurred as a result of repetitive photocopying and faxing. The applicant was placed off of work, on total temporary disability. Updated MRIs of the bilateral shoulders, lumbar spine, and cervical spine were proposed, along with six sessions of physical therapy. Fioricet and topical compounds were renewed while the applicant was kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right 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 (ODG).

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

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, routine usage of MRI imaging or arthrography for evaluation purposes without surgical indications is deemed "not recommended." Here, the attending provider sought authorization for MRIs of the bilateral shoulders, lumbar spine, and cervical spine on the same office visit of March 13, 2015. There was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention based on the outcome of the shoulder MRI in question. The fact that multiple different MRI studies were simultaneously ordered significantly reduced the likelihood of the applicant's acting on the results of any one study and/or consider surgical intervention based on the outcome of the same. The requesting provider was a physiatrist/ PM&R physician, not a shoulder surgeon, further reducing the likelihood of the applicant's acting on the results of the test in question. Therefore, the request was not medically necessary.