

Case Number:	CM15-0098676		
Date Assigned:	06/01/2015	Date of Injury:	11/03/2013
Decision Date:	07/07/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/21/2015

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 49-year-old who has filed a claim for chronic neck, low back, shoulder, and elbow pain reportedly associated with an industrial contusion injury of November 3, 2013. In a Utilization Review report dated April 16, 2015, the claims administrator failed to approve a request for MRI imaging. The claims administrator referenced a RFA form received on March 25, 2015 in its determination. The applicant's attorney subsequently appealed. In a progress note dated March 10, 2015, the applicant's secondary treating provider noted that the applicant had ongoing issues with adjustment disorder secondary to chronic pain. The applicant was given various psychotropic medications and dietary supplements, including Prozac, Ativan, Ambien, Sentra, and GABAdone. On February 23, 2015, the applicant reported multifocal complaints of neck, low back, mid back, left shoulder, and left elbow pain with derivative complaints of anxiety and depression. 6/10 left shoulder pain was reported. The attending provider sought authorization for a left shoulder manipulation under anesthesia procedure followed by usage of continued passive motion postoperatively. The applicant was asked to remain off of work, on total temporary disability. There was no mention of the applicant's having symptoms involving the right shoulder. On January 26, 2015, the applicant was again described as having ongoing complaints of left shoulder pain reportedly attributed to adhesive capsulitis of the same. The applicant was placed off of work, on total temporary disability, while multiple medications were renewed. Various preoperative laboratory tests were sought. Once again, there was no mention of the applicant's having any symptoms involving the right shoulder.

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: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

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, routine usage of MRI imaging for evaluation purposes without surgical indications is deemed not recommended. Here, multiple progress notes on file, referenced above, failed to make any mention of the applicant's having any issues with symptoms pertaining to the seemingly asymptomatic, contralateral right shoulder. The applicant's symptoms were confined, by and large, to the symptomatic left upper extremity, it was reported at various points, including on January 26, 2015 and on February 23, 2015. There was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the seemingly asymptomatic right shoulder. Rather, the attending provider suggested on multiple dates that he was intent on pursuing a left shoulder manipulation under anesthesia procedure. MRI imaging of the seemingly asymptomatic right shoulder was not, thus, indicated in the clinical context present here, per ACOEM. Therefore, the request was not medically necessary.