

Case Number:	CM16-0238352		
Date Assigned:	12/15/2016	Date of Injury:	10/14/2016
Decision Date:	01/13/2017	UR Denial Date:	11/17/2016
Priority:	Standard	Application Received:	12/12/2016

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 48-year-old male who has filed a claim for shoulder pain reportedly associated with an industrial injury of October 14, 2016. In a utilization review report dated November 17, 2016, the claims administrator failed to approve a request for a shoulder MRI imaging. An October 31, 2016 date of service was referenced in the determination. On a Doctor's First Report dated October 31, 2016, the applicant reported issues with shoulder pain. Pain-limited range of motion was appreciated. X-rays of the shoulder demonstrated calcifying tendonitis. MRI imaging of the shoulder was sought. Naprosyn was prescribed. The applicant was given a rather proscriptive 'no use of left arm' limitation. Overall commentary was sparse. The specialty of the requesting provider was not detailed. It was not, however, clearly stated how the proposed shoulder MRI would influence or alter the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary.

Decision rationale: No, the request for an MRI imaging of the 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 shoulder MRI imaging or arthrography for evaluation purposes without surgical indication is deemed "not recommended." Here, it was not clearly stated why a shoulder MRI imaging in question was ordered. There was no mention of how (or if) the proposed shoulder MRI would influence or alter the treatment plan. There was no mention of the attending provider's intent to act on the results of the study in question and/or potentially consider surgical intervention based on the outcome of the same. The fact that the study in question was seemingly requested on the applicant's first office visit with the attending provider on October 31, 2016 significantly reduced the likelihood of the applicant's acting on the results of the study in question and/or potentially considering surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.