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## Independent Medical Review Final Determination Letter

[REDACTED]  
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[REDACTED]  
[REDACTED]  
  
[REDACTED]

Dated: 12/31/2013

<b>IMR Case Number:</b>	CM13-0070526	<b>Date of Injury:</b>	5/28/2013
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Expedited	<b>Application Received:</b>	12/26/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED]		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>	URGENT MRI RIGHT SHOULDER` URGENT MRI LEFT SHOULDER		

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

All medical, insurance, and administrative records provided were reviewed.

The applicant is a represented [REDACTED] employee who has filed a claim for left and right shoulder pain reportedly associated with an industrial injury of May 28, 2013.

Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; cervical MRI imaging of November 2013, notable for multilevel low grade disc bulges and protrusion of uncertain clinical significance; MRI imaging of the lumbar spine of November 2013, also notable for low-grade disk desiccation of uncertain clinical significance; unspecified amounts of physical therapy, including 24 sessions of treatment, per the claims administrator; and extensive periods of time off of work, on total temporary disability.

In a utilization review report of November 27, 2013, the claims administrator denied a request for left and right shoulder MRI imaging, incorrectly citing the 2008 non-MTUS shoulder MRI guidelines. The applicant's attorney later appealed on December 23, 2013.

In an earlier note of October 9, 2013, it is stated that the applicant presents with low back pain radiating to the bilateral legs. The note is difficult to follow. The applicant also has neck pain radiating to the arms with numbness and tingling about the forearms, 7/10. Left shoulder range of motion is well preserved with flexion and abduction to 165 degrees. Right shoulder range of motion is also relatively well preserved, with flexion to 165 degrees and abduction to 155 degrees. It is stated that applicant's symptoms are function of shoulder tendonitis secondary to cumulative trauma at work. Bilateral shoulder MRI imaging is endorsed. The applicant is asked to employ tramadol for pain relief and remain off of work on total temporary disability. A later note of November 18, 2013 is again notable for comments that the applicant has persistent multifocal low back, upper arm, elbow, forearm, hip, and shoulder pain. The applicant again exhibits somewhat limited left shoulder range of motion with flexion and abduction to 165-

degree range. Right shoulder range of motion is limited with abduction to 155 degrees and flexion to 165 degrees. The applicant remains off of work, on total temporary disability, while employing Naprosyn and tramadol for pain relief.

### **IMR DECISION(S) AND RATIONALE(S)**

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

#### **1. Urgent MRI of the right shoulder is not medically necessary and appropriate.**

The Claims Administrator based its decision on the ACOEM Guidelines, 2<sup>nd</sup> Edition, 2008 Shoulder Complaints, page 561-563, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004) Shoulder Complaints, page(s) 212-214, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted in the MTUS-adopted ACOEM Guidelines in chapter 9, table 9-6, routine MRI or arthrography is not recommended for evaluation of applicant's without surgical indications. In this case, it is not clearly stated that the applicant is a candidate for surgical treatment and/or would consider a surgical remedy were it offered to him. Rather the applicant's multifocal pain complaints, including shoulder pain, low back pain, neck pain, forearm pain, elbow pain, etc., suggest that he is not a candidate for surgical intervention. As noted previously, the documentation on file is highly templated, difficult to follow, and does not clearly state what the diagnosis or differential diagnosis is here for which MRI imaging is being proposed. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.

#### **2. Urgent MRI of the left shoulder is not medically necessary and appropriate.**

The Claims Administrator based its decision on the ACOEM Guidelines, 2<sup>nd</sup> Edition, 2008 Shoulder Complaints, page 561-563, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004) Shoulder Complaints, page(s) 212-214, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Again as noted in the MTUS-adopted ACOEM Guidelines in chapter 9, table 9-6, routine MRI imaging is not recommended for evaluation purposes without clear evidence that a surgical indication is present. In this case, the applicant's multifocal pain complaints imply that he is not a candidate for any kind of surgical intervention. The attending provider has not clearly stated how the proposed shoulder MRI imaging would impact the treatment plan. It is not clearly stated that the applicant is considering or contemplating surgical interventions for which preoperative MRI imaging would be indicated. Therefore, the original utilization review decision is upheld. The request remains non certified, on independent medical review.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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