

Case Number:	CM13-0002043		
Date Assigned:	12/27/2013	Date of Injury:	08/23/2012
Decision Date:	03/14/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	07/18/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a female with a date of injury of 8/23/12. A utilization review determination dated 7/11/13 recommends non-certification of MRIs of the right shoulder, hand, and wrist. A progress note dated 11/22/13 is mostly illegible. A progress report dated 9/6/13 identifies subjective complaints including right shoulder pain, which needs to be supported at all times during activity and has lost strength completely. The objective examination findings identify unquantified RUE weakness, cervical spine TTP, spasm, decreased ROM with pain, right shoulder TTP bicipital groove, decreased ROM with pain, TTP AC joint, right elbow positive swelling, TTP medial epicondyle to olecranon, decreased ROM with pain, right wrist TTP, hand decreased ROM with pain, guarded with apprehension, decreased grip. The diagnoses include C/S S/S myofasciitis, right shoulder pain, right wrist mild CTS, right elbow S/S, insomnia, right forearm pain, right middle finger pain, right hand pain and osteoarthritis with [illegible] right elbow. The treatment plan recommends MRIs C/S, right shoulder, hand, and wrist, shockwave, tennis elbow band, and sleep study.

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. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: Regarding the request for MRI of the right shoulder, California MTUS supports imaging for patients with persistent symptoms when surgery is being considered for a specific anatomic defect or to further evaluate the possibility of potentially serious pathology, such as a tumor. Within the documentation available for review, there is documentation of tenderness, unquantified limited shoulder ROM, and upper extremity weakness that is unquantified and not specific for the site(s) of weakness. There is no documentation of any positive orthopedic testing suggestive of internal derangement or another shoulder pathology for which an MRI would be useful and it appears that the provider is also suspicious of cervical spine pathology. In light of the above issues, the currently requested MRI of the right shoulder is not medically necessary.

MRI of the right hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: Regarding the request for MRI of the right hand, California MTUS supports imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. Within the documentation available for review, there is documentation of tenderness and decreased ROM. There is no documentation of any positive examination findings suggestive of ligamentous injury or another condition for which advanced imaging would be likely to provide additional information. It appears that there is some suspicion of carpal tunnel syndrome, but this condition does not require an MRI for evaluation, and no clear rationale for this study has been presented. In light of the above issues, the currently requested MRI of the right hand is not medically necessary.

MRI of the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: Regarding the request for MRI of the right wrist, California MTUS supports imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. Within the documentation available for review, there is documentation of tenderness and decreased ROM. There is no documentation of any positive examination findings suggestive of ligamentous injury or another condition for which advanced imaging would be likely to provide additional information. It appears that there is some

suspicion of carpal tunnel syndrome, but this condition does not require an MRI for evaluation, and no clear rationale for this study has been presented. In light of the above issues, the currently requested MRI of the right wrist is not medically necessary.