

Case Number:	CM13-0020539		
Date Assigned:	10/11/2013	Date of Injury:	07/25/2007
Decision Date:	02/10/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	09/05/2013

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 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. 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 52 year old female with the date of injury of July 25, 2007. She has had a bilateral fun instability issue in the past, with right ligament reconstruction in 2007 and left reconstruction in 2010. She was diagnosed with Ehlers-Danlos syndrome. Her primary care provider advised that she had shoulder pain because of acromioclavicular separation because of her ligamentous laxity. She has limited range of motion in the right shoulder with a positive impingement test and pain on rotator cuff loading. She is being treated by PTP for bicipital tenosynovitis, hand pain and arthritis. She has moderate tenderness over the right TFCC and distal radioulnar joint. She has been treated with meds and topical cream. There is no history of trauma to the wrist and duration of pain is not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter

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

Decision rationale: MTUS in ACOEM shoulder chapter page 207 states that special studies are not needed for shoulder problems unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. It states that most patients recover quickly however this patient has been diagnosed with an unusual condition and has been treated with her primary care provider as well as her workers comp provider. Because of her unusual condition of increased joint laxity, there may be an increased need for imaging studies to evaluate her shoulder as compared to the average patient. Therefore, as she has passed the window of 4-6 weeks of conservative treatment a shoulder MRI may be appropriate.

MRI right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

Decision rationale: MTUS wrist chapter page 268 states that special studies are needed until a 4 to 6 week period of conservative care and observation has passed unless there are specific red flag conditions. There are no red flag conditions associated with this patient's wrist issues at this time and the patient is not had an appropriate window of care to need a special diagnostic study. However if future examinations of the patient show persistent pain and tenderness in her wrist then MRI may be appropriate. The patient had a negative x-ray and a fracture is therefore unlikely. At this time, MRI is not appropriate.