

<b>Case Number:</b>	CM13-0027459		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	03/12/2009
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### 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 Family Practice and is licensed to practice in Texas. 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 44-year-old female who reported an injury on 03/12/2009. The mechanism of injury was noted to be repetitive work. Her symptoms are noted as cervical spine, right shoulder, right elbow, and right wrist pain. Her diagnoses are noted as cervical spine sprain, right shoulder sprain, right elbow sprain, and right wrist sprain. Her objective findings included decreased range of motion of the right shoulder, tenderness along the AC joint as well as the bicipital groove, tenderness about the shoulder girdle, and no signs of instability. The patient was also noted to have tenderness to palpation along the palmar wrist tendon, with no sign of instability, and normal range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 MRI of the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 61.

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

**Decision rationale:** According to ACOEM Guidelines, for patients with shoulder problems, special studies are not needed until a 4 to 6 week period of conservative care and observation

fails to improve symptoms. The criteria for ordering imaging studies are the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The clinical information submitted for review fails to show any objective clinical findings consistent with a problem in the left shoulder. At her 07/02/2013 office visit, the patient had only complained of pain in her right upper extremity, and her objective findings had been consistent with pathology in her right upper extremity only. Her diagnoses were noted as cervical sprain, right shoulder sprain, right elbow sprain, right wrist sprain, and right hand sprain. However, at her 07/17/2013 office visit with the same physician, it was noted that the patient had bilateral shoulder, bilateral arm, right elbow, bilateral wrist, and bilateral hand pain, as well as lumbar spine pain, not cervical spine pain. Her diagnoses at this visit were noted to include bilateral shoulder sprain and bilateral wrist sprain. However, it stated that her objective had not changed since her last evaluation. As there seems to be some confusion regarding the patient's affected extremity or extremities, and the clinical information submitted failed to show any objective findings related to the left shoulder, the request is not supported.

**1 MRI of the left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 61.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** According to ACOEM Guidelines, for patients presenting with hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. The criteria for ordering imaging studies are the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The clinical information submitted for review fails to show any objective clinical findings consistent with a problem in the left shoulder. At her 07/02/2013 office visit, the patient had only complained of pain in her right upper extremity, and her objective findings had been consistent with pathology in her right upper extremity only. Her diagnoses were noted as cervical sprain, right shoulder sprain, right elbow sprain, right wrist sprain, and right hand sprain. However, at her 07/17/2013 office visit with the same physician, it was noted that the patient had bilateral shoulder, bilateral arm, right elbow, bilateral wrist, and bilateral hand pain, as well as lumbar spine pain, not cervical spine pain. Her diagnoses at this visit were noted to include bilateral shoulder sprain and bilateral wrist sprain. However, it stated that her objective had not changed since her last evaluation. As there seems to be some confusion regarding the patient's affected extremity or extremities, and the clinical information submitted failed to show any objective findings related to the left wrist, the request is not supported.