

Case Number:	CM13-0035017		
Date Assigned:	12/11/2013	Date of Injury:	01/17/2011
Decision Date:	02/10/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/16/2013

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 & Rehabilitation and is licensed to practice in Oklahoma and 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 51-year-old male who reported an injury on 01/17/2011. The patient is diagnosed with postoperative right shoulder rotator cuff repair, postoperative cervical spine, postoperative right carpal tunnel release, right elbow tendinosis, left carpal tunnel syndrome, lumbar spine herniated nucleus pulposus with radiculopathy, stress and depression, and sleep deprivation and apnea. The patient was recently seen by [REDACTED] on 10/07/2013. Physical examination revealed positive AC joint tenderness, tenderness to palpation over the capsules, soft tissue and osseous structures, diminished strength on the right, inability to perform active range of motion exercise due to pain, positive impingement and Apley testing, positive supraspinatus testing, positive paravertebral muscle spasm in the cervical spine, diminished range of motion of the cervical spine, and negative distraction and compression testing. Treatment recommendations included continuation of current physical therapy and a left wrist orthopedic evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the brain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation ODG, Head Chapter, MRI

Decision rationale: California MTUS/ACOEM Practice Guidelines state criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program, or for clarification of the anatomy prior to an invasive procedure. Official Disability Guidelines state indications for imaging include the need to determine neurologic deficits, evaluate prolonged interval of disturbed consciousness, or define evidence of acute changes superimposed on previous trauma or disease. As per the clinical notes submitted, the patient does not appear to meet criteria for an MRI of the brain. There is no evidence of neurologic deficit or period of prolonged disturbed consciousness. There was no evidence of a CT scan obtained prior to the request for an imaging study. There is no evidence of any new focal deficits or complaints. Based on the clinical information received, the request is non-certified.

MRI of the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 weeks period of conservative care and observation. As per the clinical notes submitted, there was no evidence of acute hand or wrist trauma. There were no plain films obtained prior to the request for an MRI. There is no evidence of a suspicion for Kienbock's disease or soft tissue tumor. At this time, the patient does not appear to be criteria for an MRI. Based on the clinical information received, the request is non-certified.