

Case Number:	CM13-0037377		
Date Assigned:	12/13/2013	Date of Injury:	01/30/2013
Decision Date:	02/21/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/23/2013

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 female with date of injury of 5/29/13 and a carpal tunnel (CT) claim from 1/30/12. The patient was assaulted by a patient. She states her CT is from desk work and consists of discomfort in her neck and numbness/tingling in her right hand. As of 3/29/13 she has decreased grip strength in her right hand, with normal cervical spine motion and negative Spurling's Test. She was diagnosed with right cubital tunnel syndrome at the elbow. The patient was treated with night ranger splint and physical therapy. Her testing on 9/3/2013 (with a different orthopedist) showed significantly worse symptoms. The patient reports spasms and hand cramping. She has a positive foraminal compression test, decreased range of motion in shoulder and neck, rotator cuff tenderness, + crepitus, positive impingement sign, positive Tinel's and Phalen's, and decreased sensation along the median nerve. Lumbar exam showed +3 tenderness and spasm, EMG on 3/29/13 showed mild ulnar cubital tunnel syndrome. The patient has been treated with physical therapy, chiropractics and injection into the shoulder and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder MRI upper extremity joint without GAD with 3D rendering and interpretation: 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) Section Neck and Upper Back (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder, MRI

Decision rationale: MRI is indicated in people with suspected RC tear or acute shoulder trauma. This patient has tried conservative care including injection. MRI is appropriate, however, there is no indication for 3D rendering of the shoulder. Guidelines support MR arthrography over ultrasound or regular MRI. ACOEM supports MRI in this patient; however, 3D rendering is not indicated as per guidelines. Therefore, the request is not appropriate.

MRI cervical spine without GAD with 3D rendering and interpretation: 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) Section Neck and Upper Back (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

Decision rationale: MTUS supports cervical MRI if there is a failed trial of conservative care. This case is peculiar as conservative care appear to increase or cause her symptoms, as they increased from March to September. In any case, MRI is warranted. However, guidelines do not support 3D rendering MRI. There is no indication conventional MRI is not enough in this case. The patient has negative EMG regarding cervical radiculopathy. As MRI may be warranted, 3D rendering is not indicated in the guides. Therefore the request is not appropriate.

MRI lumbar spine without GAD with 3D rendering and interpretation: 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) Section Low Back Lumbar and Thoracic (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Lumbar MRI is not indicated in this patient.