

Case Number:	CM13-0041012		
Date Assigned:	12/20/2013	Date of Injury:	07/21/2004
Decision Date:	02/14/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/10/2013

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 Orthopedic Surgery 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 claimant is a 51-year-old gentleman injured in a work related accident on 07/21/04. A recent clinical record of 08/16/13 by [REDACTED] orthopedic surgeon, documented that the claimant continued with complaints of neck, right shoulder pain and carpal tunnel syndrome. Subjectively, there was numbness and tingling about the right shoulder with neck pain with radiating numbness and tingling to the right arm with prolonged use. Physical examination findings showed 4/5 strength to the right deltoid with diminished right grip strength, a positive median Tinel's sign at the right wrist, trapezial tenderness to palpation and diminished right scapular abduction with isolated shoulder movements. Radiographs of the shoulder and cervical spine showed degenerative changes at C5-6 and C6-7 as well as shoulder radiographs that showed degenerative changes at the AC joint. Based on the claimant's continued complaints, an MRI scans of the shoulder and electrodiagnostic studies of the upper extremities were recommended. Records do not indicate prior imaging to the shoulder or electrodiagnostic studies.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC Shoulder (Acute & Chronic) ODG-TWC Neck (Acute & Chronic) ODG-TWC Carpal Tunnel Syndrome (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

Decision rationale: Based on California ACOEM Guidelines, an MRI scan of the shoulder would appear warranted. ACOEM Guideline criteria indicates that a shoulder MRI scan is indicated to evaluate for tissue insult or neurologic dysfunction, i.e. weakness from a rotator cuff tear based on failed conservative measures. Records in this case indicate weakness and restricted shoulder motion. The role of an MRI scan based on the claimant's current clinical presentation would appear medically necessary.

Electrodiagnostic studies upper extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC Shoulder (Acute & Chronic) ODG-TWC Neck (Acute & Chronic) ODG-TWC Carpal Tunnel Syndrome (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: Based on California ACOEM Guidelines, bilateral upper extremity electrodiagnostic studies would appear warranted. ACOEM Guidelines indicate the role of electrodiagnostic studies to help identify focal neurologic dysfunction with neck or arm symptoms lasting more than three to four weeks. The claimant has a clinical presentation of cervical pain with possible radiculopathy based on weakness on examination as well as possible carpal tunnel diagnosis based on positive compression testing at the wrist. The role of an upper extremity electrodiagnostic study at this stage in the clinical course for help to clarify the claimant's current diagnosis and thus treatment plan would appear medically necessary.