

Case Number:	CM13-0051410		
Date Assigned:	12/27/2013	Date of Injury:	07/28/2009
Decision Date:	02/19/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/07/2013

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 52-year-old female who reported a work related injury on 07/28/2009, specific mechanism of injury not stated. The patient presented for treatment of the following diagnoses: de Quervain tenosynovitis of the left wrist, tendonitis of the left wrist, other post-procedural status of the left carpal tunnel and left first dorsal compartment. The clinical note dated 12/17/2013 reported the patient was seen under the care of [REDACTED]. The provider documented the patient reported continued complaints of pain to the right hand and thumb rated at 1/10, as well as the left hand and thumb at a 2/10. Upon physical exam of the patient, full range of motion of the bilateral hands was noted. The provider documented the patient is prescribed Norco by a different provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence that the patient currently presents with significant pain complaints about the left shoulder or any significant objective findings of symptomatology to support the requested imaging study at this point in the patient's treatment. California MTUS/ACOEM indicate primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult, failure to progress in a strengthening program, and clarification of anatomy prior to an invasive procedure. Given all the above, the request for an MRI of the left shoulder is not medically necessary or appropriate