MAXIMUS Federal Services

Case Number:	CM14-0006069		
Date Assigned:	02/07/2014	Date of Injury:	03/11/2013
Decision Date:	07/09/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/16/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal 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 expert 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 injured worker has a bilateral wrist condition related to a work-related injury sustained on 3/11/13. An initial visit note on 3/15/13 reported a chief complaint of swelling over both hands from repeatedly sorting onions at work. There is pain in both hands and wrists, which had started about a week prior. Physical examination revealed bilateral wrist edema and tenderness, grip strength at 4/5, symmetrical deep tendon reflexes in the upper extremities, neurovascularly intact. The diagnosis was an unspecified injury to the bilateral wrists. The treatment plan was to begin taking Naproxen. There were no right shoulder complaints reported. A progress note dated 3/25/13 noted that physical therapy was prescribed three times a week for two weeks. A progress noted dated 5/3/13 noted that the patient had participated in physical therapy. A progress note dated 6/10/13 reported a diagnosis of tenosynovitis of the bilateral wrists. The patient's complaints as of 7/24/13 were bilateral hand pain, intermittent numbness, weakness, and the inability to do forceful or repetitive gripping or grasping, or fine manipulative work. In addition she has pain about the right shoulder with limited range of motion. She has difficulty with above-shoulder-level activities, reaching, pushing, or pulling. On examination of the right shoulder, she abducts to 100 degrees, forward flexes to 90 degrees, and external rotation is 80 degrees. Impingement signs are positive on Hawkin's and Neer's testing. Jamar dynamometer grip strength measurements for the right-hand (dominant) are 25, 25, 20; the left hand measurements are 20, 20, 20. Diagnoses included rule out bilateral carpal tunnel syndrome, overuse of both upper extremities, and right shoulder impingement syndrome. The treatment plan included a request for an MRI of the right shoulder. No physical therapy for the right shoulder was requested. A progress report dated 8/21/13 documented tenderness in the right shoulder. Right shoulder abduction was at 90; forward flexion was at 90. There were positive impingement signs, and a positive Jobe test. The diagnoses were rule out bilateral carpal tunnel syndrome, and rule

out right shoulder impingement/rotator cuff pathology. A progress report dated 10/23/13 stated that physical therapy was requested for the bilateral wrists only. A progress report dated 1/22/14 documented tenderness at the right shoulder anterior aspect and the AC. Right shoulder abduction was at 80, and forward flexion was at 90. There were positive impingement signs.

IMR ISSUES, DECISIONS AND RATIONALES

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

REQUEST FOR A MAGNETIC RESONANCE IMAGE (MRI) FOR THE RIGHT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202-203.

Decision rationale: For a probable diagnosis of shoulder impingement, tests are not indicated. Cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Rotator cuff tears are typically treated conservatively at first. Partial-thickness tears should be treated the same as impingement syndrome regardless of magnetic resonance imaging (MRI) findings. For impingement syndrome, conservative care, including cortisone injections, can be carried out for at least three to six months before considering surgery. Because this diagnosis is on a continuum with other rotator cuff conditions, including rotator cuff syndrome and rotator cuff tendinitis, also refer to the previous discussion of rotator cuff tears. For rotator cuff tear, conservative treatment has results similar to surgical treatment but without surgical risks. Studies evaluating results of conservative treatment of full-thickness rotator cuff tears have shown an 82- 86% success rate for patients presenting within three months of injury. For shoulder conditions, routine MRI for evaluation without surgical indications is not recommended. Medical records from 3/15/13 through 1/22/14 documented that right shoulder impingement/rotator cuff pathology had been ruled out. Medical records from 3/15/13 through 1/22/14 do not document physical therapy for the right shoulder. There is no documentation of cortisone injection(s) for the right shoulder. No surgical considerations for the right shoulder are documented. As such, the request is not medically necessary.