

Case Number:	CM14-0100910		
Date Assigned:	09/24/2014	Date of Injury:	09/11/2010
Decision Date:	11/24/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/30/2014

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 Family Medicine and is licensed to practice in Ohio. 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 is a 49-year-old female who sustained a slip and fall injury on September 11, 2010. She complains of severe bilateral shoulder pain, bilateral wrist pain, left elbow pain, right knee pain, low back pain, and left ankle pain. There is reference to an MRI scan done previously of the right shoulder 2013 which revealed a partial tear of the supraspinatus, subscapularis, and infraspinatus tendons. The physical examination has revealed diminished range of motion of the right shoulder and right wrist consistently, and at times a normal range of motion of the left wrist and shoulder and at other times a diminished range of motion of the left wrist and shoulder. There is said to be positive impingement signs with regard to the right shoulder, and at times she has positive impingement signs of the left shoulder and other times she does not. This is in contrast to examination done by an orthopedic qualified medical examiner. That exam revealed full and painless range of motion of both shoulders and left wrist. The right wrist was shown to be tender and swollen and felt to be problematic. Report from the qualified medical examining orthopedist was that the injured worker should not have surgery with regard to the shoulders or wrists. Arthroscopic surgery has been requested for both shoulders but it appears that the injured worker has not had surgery on either shoulder. At issue is a request for MRI scans of both shoulders and both wrists. The injured worker has been treated with oral anti-inflammatories, muscle relaxants, and opioids. The relevant diagnoses are bilateral wrist internal derangement and bilateral shoulder internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) Both Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Magnetic Resonance Imaging (MRI)

Decision rationale: The Official Disability Guidelines state that the criteria for shoulder MRI imaging are: - Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs- Subacute shoulder pain, suspect instability/labral tear- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this circumstance, the injured worker had an MRI scan done of the right shoulder in July 2013. On the basis of those findings and the history and physical, a right shoulder arthroscopic surgery has been recommended by the treating physician. There does not appear to have been a substantial change in findings or symptoms to warrant a repeat MRI scan of that shoulder. In fact, the qualified medical examiner recommended no surgery for that shoulder, therefore making an MRI scan unnecessary for another reason. Therefore, MRI scanning of the bilateral shoulders is not medically necessary.

Magnetic Resonance Imaging (MRI) Both Wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand, MRI's (magnetic resonance imaging)

Decision rationale: While criteria for which patients may benefit from the addition of MRI have not been established, in selected cases where there is a high clinical suspicion of a fracture despite normal radiographs, MRI may prove useful. Magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures. It may be diagnostic in patients with triangular fibrocartilage (TFC) and intraosseous ligament tears, occult fractures, avascular neurosis, and miscellaneous other abnormalities. Many articles dispute the value of imaging in the diagnosis of ligamentous tears, because arthroscopy may be more accurate and treatment can be performed along with the diagnosis. For inflammatory arthritis, high-resolution in-office MRI with an average follow-up of 8 months detects changes in bony disease better than radiography, which is insensitive for detecting changes in bone erosions for this patient population in this time frame. Indications for imaging -- Magnetic resonance imaging (MRI):- Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required- Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required- Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar

collateral ligament injury)- Chronic wrist pain, plain films normal, suspect soft tissue tumor- Chronic wrist pain, plain film normal or equivocal, suspect Kienbck's disease- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this instance, it is not clear that x-rays have ever been done of either wrist and there's no reference to such in the records available for review. Additionally, the documentation provided paints a very confusing picture particularly with reference to the physical examination of the left wrist. One physician finds clear signs of pathology one day but not the next, while another physician finds any signs pathology at all. Medical necessity for bilateral MRI examinations of the wrists is not established, therefore; the request is not medically necessary.