

Case Number:	CM14-0152061		
Date Assigned:	09/23/2014	Date of Injury:	10/18/2013
Decision Date:	10/23/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/18/2014

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 North Carolina. 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 patient is a 43-year-old with a reported date of injury of 10/18/2013. The patient has the diagnoses of bilateral shoulder pain with impingement, left wrist sprain with probable carpal tunnel syndrome, right wrist carpal tunnel syndrome and cervical spine strain/sprain. Past treatment modalities have included physical therapy and right carpal tunnel release on 04/11/2014. The progress notes provided by the primary treating physician are handwritten and for the most part illegible. Per the progress note dated 06/11/2014, the patient had complaints of bilateral wrist and hand pain. The physical exam showed tenderness in the paraspinal muscles of the cervical spine with guarding. The shoulder exam showed bilateral tenderness to palpation with positive impingement. The wrist exam showed tenderness on the left with positive Tinel's sign on the left. The treatment plan recommendations included continued post-operative physical therapy for the right wrist and request for authorization for chiropractic care. The most recent progress notes date 08/21/2014 had the patient with complaints of right wrist pain with limited range of motion. The physical exam noted bilateral wrist tenderness, right greater than left and bilateral shoulder tenderness with positive impingement. Treatment plan consisted of continuing home exercise program and ergonomic work station.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound studies bilateral shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Shoulder chapter

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

Decision rationale: The ACOEM chapter on shoulder complaints and imaging studies states: "Primary criteria for ordering imaging studies are:- Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems)- Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon)- Failure to progress in a strengthening program intended to avoid surgery.- Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)." In this case the patient has the diagnoses of shoulder sprain/strain with impingement. The physical exam has shown tenderness in the shoulders with positive impingement signs. There has not been any emergence of red flags or recorded evidence of tissue insult or neurovascular dysfunction. The patient has undergone physical therapy for the wrist but there is no indication of a failure of a strengthening program specifically for the shoulders. There is also not notation of a pending invasive procedure planned for the shoulders. For these reasons criteria as set forth above have not been met for imaging studies. Therefore the request is not medically necessary.