

Case Number:	CM14-0174462		
Date Assigned:	10/27/2014	Date of Injury:	10/31/2011
Decision Date:	12/05/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/21/2014

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 Orthopedic Surgery 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 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 51-year-old male who reported an injury on 10/31/2011. The mechanism of injury was due to repetitive, continuous trauma to her hands, doing her customary job duties. The injured worker has a diagnosis of status post left thumb basal joint arthroplasty with trapeziumectomy 10/2012, status post left trigger thumb release in 2013, prior bilateral carpal tunnel release and de Quervain's release in 2005 and 2006, left triceps tendinitis, right thumb basal joint arthralgia, rule out bilateral carpal tunnel syndrome, and left shoulder subacromial impingement syndrome. Past medical treatment consists of surgery, physical therapy, and medication therapy. On 08/20/2014, the injured worker underwent x-rays of the left shoulder, left elbow, wrist, and hands bilaterally. The x-rays revealed that there was no soft tissue abnormality demonstrated in either extremity x-ray. There were no fractures, dislocation, or subluxation on the left shoulder or left elbow. It also revealed that there was no fracture, dislocation or subluxation on hands or wrists bilaterally. On 08/20/2014, the injured worker complained of left shoulder, left elbow, and bilateral hand and wrist pain. Physical examination of the shoulders revealed that there was no evidence of atrophy, hypertrophy, or asymmetry bilaterally, no erythema, cyanosis, or other color changes bilaterally. There was also no visible subluxation of the glenohumeral joints bilaterally, and no deformity of the clavicle or acromioclavicular joints bilaterally. Range of motion of the left shoulder revealed a flexion of 156 degrees, abduction of 140 degrees, external rotation of 60 degrees, and internal rotation of 70 degrees. It was noted that the injured worker complained of increasing pain towards terminal range of motion. There was no myofascial tenderness to palpation bilaterally of the trapezius or posterior shoulder girdle. No tenderness of the acromioclavicular joint bilaterally. Neer's impingement test and Hawkins Kennedy impingement were positive of the left shoulder. Range of motion of the left elbow revealed flexion of 140 degrees, extension of 0 degrees, supination of

70 degrees, and a pronation of 80 degrees. There was no tenderness upon palpation. Provocative was negative bilaterally. Examination of the hands and wrists revealed that there were well healed surgical scars at the base of the left thumb, where the injured worker had trigger thumb release, and there was a well healed bilateral carpal tunnel incision and bilateral de Quervain's scars. Range of motion of the wrists was within normal. There was tenderness to palpation over the left thumb basal joint and the left triceps along the right thumb basal joint. Phalen's testing was positive bilaterally. Durkan's median compression test was positive bilaterally. Motor examination revealed 5/5 bilaterally. Sensory examination was intact with no dermatomal deficits bilaterally. The medical treatment plan is for the injured worker to undergo an MRI of the left shoulder, left elbow, left wrist, left hand and right hand. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI - Left Shoulder: 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 Magnetic Resonance Imaging (MRI) Section

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

Decision rationale: The submitted documentation lacked any physical findings regarding any acute shoulder trauma, suspected shoulder impingement. There was no evidence of measurable pain from the injured worker to the left shoulder. Nor was there strength deficits documented. Furthermore, it was indicated that the injured worker underwent x-rays to the left shoulder on 08/20/2014. The radiographs revealed the bony structures were of normal density. There was no fracture, dislocation, or subluxation present. There was no soft tissue abnormality demonstrated. Additionally, there was no rationale submitted for review to warrant the request for the MRI of the left shoulder. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.

MRI Left Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

Decision rationale: The submitted documentation lacked any physical findings of deficits to the left elbow. Range of motion was within normal limits and there was no tenderness to palpation. There was no evidence of measurable pain from the injured worker to the left elbow. Nor was there strength deficits documented. Furthermore, it was indicated that the injured worker

underwent x-rays to the left elbow on 08/20/2014. The radiographs revealed the bony structures were of normal density. There was no fracture, dislocation, or subluxation present. There was no soft tissue abnormality demonstrated. Additionally, there was no rationale submitted for review to warrant the request for the MRI of the left elbow. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.

MRI Left Wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

Decision rationale: The submitted documentation lacked any physical findings of deficits to the left wrist. Range of motion was within normal limits and there was no tenderness to palpation. There was no evidence of measurable pain from the injured worker to the left wrist. Nor was there strength deficits documented. Furthermore, it was indicated that the injured worker underwent x-rays to the left wrist on 08/20/2014. The radiographs revealed the bony structures were of normal density. There was no fracture, dislocation, or subluxation present. There was no soft tissue abnormality demonstrated. Additionally, there was no rationale submitted for review to warrant the request for the MRI of the left wrist. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.

MRI Left Hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

Decision rationale: The submitted documentation lacked any physical findings of deficits to the left hand. Range of motion was within normal limits and there was no tenderness to palpation. There was no evidence of measurable pain from the injured worker to the left wrist. Nor was there strength deficits documented. Furthermore, it was indicated that the injured worker underwent x-rays to the left hand on 08/20/2014. The radiographs revealed the bony structures were of normal density. There was no fracture, dislocation, or subluxation present. There was no soft tissue abnormality demonstrated. Additionally, there was no rationale submitted for review to warrant the request for the MRI of the left hand. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.

MRI Right Hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

Decision rationale: The submitted documentation lacked any physical findings of deficits to the right hand. Range of motion was within normal limits and there was no tenderness to palpation. There was no evidence of measurable pain from the injured worker to the left wrist. Nor was there strength deficits documented. Furthermore, it was indicated that the injured worker underwent x-rays to the right hand on 08/20/2014. The radiographs revealed the bony structures were of normal density. There was no fracture, dislocation, or subluxation present. There was no soft tissue abnormality demonstrated. Additionally, there was no rationale submitted for review to warrant the request for the MRI of the right hand. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.