MAXIMUS Federal Services

Case Number:	CM14-0024204		
Date Assigned:	06/16/2014	Date of Injury:	01/28/2009
Decision Date:	07/22/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/26/2014

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 Physical Medicine and Rehabilitation 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 patient is a 61 year old female who was injured on 01/28/2009. Mechanism of injury is unknown. Prior treatment history has included the following medications: gabapentin and topical patch. Diagnostic studies reviewed include EMG/NCV 02/17/2014 revealing moderate bilateral carpal tunnel syndrome, right ulnar neuropathy at elbow was also noted and electromyographic indicators of acute cervical radiculopathy were not seen. Progress report dated 01/08/2014 documents the patient continues to have neck and low back pain radiating into the upper and lower extremities with numbness and weakness. Her main concern at this time is the left shoulder pain radiating into the left upper extremity. She continues to have left wrist pain status post left carpal tunnel release surgery previously. The patient has significant difficulty with lifting, pushing and pulling as well as overhead motions with left arm. She continues to have pain with numbness and paresthesias in her right hand as well. Objective findings on exam include spasm, tenderness and guarding are noted in the paravertebral musculature of the cervical and lumbar spine with decreased range of motion. Decreased sensation is noted over C6 and L5 dermatomes bilaterally. Utilization report dated 02/05/2014 states the request for MRI of left shoulder without contrast was not certified due to a lack of documentation of physical examination of left upper extremity. She has weakness with toe and heel walking bilaterally grade 4/5. She also has weakness with abduction of the left arm graded 4/5. The diagnoses included cervical radiculopathy, lumbar sprain/strain, shoulder impingement and carpal tunnel syndrome. The treatment Plan includes the patient avoiding lifting, pushing and pulling over 20 pounds. If these modifications are not available she should remain on total temporary disability. The patient will be provided a refill of gabapentin and topical patch and authorization of electrodiagnostic studies of upper and lower extremities as well as functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LEFT SHOULDER WITHOUT CONTRAST: 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): 207-209.

Decision rationale: Per CA MTUS guidelines, special studies are not needed for shoulder problems, unless a 4-6 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red flag conditions are ruled out. Cases of impingement syndrome are managed the same regardless of the imaging findings. Partial tear of the rotator cuff should be treated the same as impingement syndrome regardless of the MRI findings. The clinical information is limited in this case and there is no documentation of red-flag signs, rotator cuff tear, instability or any plan for surgery. Therefore, the medical necessity of the requested MRI of the left shoulder is not established at this time.