MAXIMUS Federal Services

Case Number:	CM14-0032870		
Date Assigned:	06/20/2014	Date of Injury:	01/01/2011
Decision Date:	07/22/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/14/2014

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 Nevada. 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 53-year-old female who was reportedly injured on 1/1/2011. The mechanism of injury was noted as an industrial injury which occurred in the performance of her customary job duties. The most recent progress note dated 1/14/2014, indicated that there were ongoing complaints of no pertinent clinical information as listed in the subjective or history portion of this note; however, it did state still pending magnetic resonance imaging (MRIs). The physical examination portion of this note was minimal and is primarily illegible. No diagnostic imaging studies were presented for review. Previous treatment included medications and physical therapy. A request had been made for MRI of the right shoulder, MRI of the right elbow and a MRI of the right wrist and was not certified in the pre-authorization process on 2/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

Decision rationale: The request for imaging studies does not meet American College of Occupational and Environmental Medicine (ACOEM) guidelines. There was documentation that does show the patient has had symptoms for greater than one month, but the medical documentation provided does not show any objective clinical findings to support the need for this request. This request is not medically necessary.

MRI of the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 235, 33-34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter.

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

Decision rationale: According to the American College of Occupational and Environmental Medicine (ACOEM) guidelines, there were no objective clinical findings listed concerning the right elbow in the medical documentation provided that would necessitate the authorization of this test. Subjective and objective findings were minimal and illegible. There was no documentation on physical exam concerning limitations of range of motion or concerns for internal derangement. Thus, this request was not medically necessary.

MRI of the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter and Forearm, Wrist, and Hand Chapter.

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

Decision rationale: According to the American College of Occupational and Environmental Medicine (ACOEM) guidelines, there were no objective clinical findings listed concerning the right wrist in the medical documentation provided that would necessitate the authorization of this test. Subjective and objective findings were minimal and illegible. There was no documentation on physical exam concerning limitations of range of motion, crepitus or concerns for internal derangement. Thus, this request is not medically necessary.