

<b>Case Number:</b>	CM14-0039162		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	10/16/2013
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 49 year old female who sustained injuries to her bilateral wrists and left shoulder on 10/16/13 while working with tape gun and taping boxes, she felt her right wrist snap. MRI of the left shoulder revealed thickening and high signal intensity within the supraspinatus tendon consistent with tendinopathy; no rotator cuff tear was identified. The treatment to date included physical therapy/occupational therapy for the bilateral wrists, wrist brace, non-steroidal anti-inflammatory medications (NSAIDs,) and management with medications. A clinical note dated 02/03/14 reported the injured worker could continue to complain of bilateral wrist pain. A physical examination noted bilateral wrist range of motion flexion 75 degrees; demonstrate full fist without pain; left grip strength 35 pounds, right 40 pounds. There were no symptoms or physical examination findings concerning the shoulders that were documented. Progress note dated 03/26/14 reported that the injured worker was able to work five hours a day, five days a week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient magnetic resonance imaging of bilateral 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: Forearm, Wrist & Hand Chapter, MRIs (magnetic resonance imaging).

**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 chapter, MRI's (magnetic resonance imaging).

**Decision rationale:** The request for outpatient MRI of bilateral wrists is not medically necessary. Previous request was denied on the basis that there was an absence of previously documented bilateral wrist x-rays. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There was no recent detailed physical examination of the bilateral wrists. There were no additional significant 'red flags' identified. Given this, the request for outpatient MRI of bilateral wrists is not indicated as medically necessary.

**Physical therapy 2x3 plus 6 sessions to 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, Physical Therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, Physical therapy.

**Decision rationale:** The request for physical therapy two times a week times three weeks plus six visits to the left shoulder is not medically necessary. A previous request was denied on the basis that there was insufficient available information, including current documented shoulder symptoms or recent physical examination of the left shoulder to support the request. There was no mention that a surgical intervention had been performed or is anticipated. The Official Disability Guidelines recommend up to 10 visits over eight weeks for diagnosed injury with allowing for fading of treatment (from up to three or more visits to one or less), plus active self-directed home physical therapy. There was no indication that the injured worker is actively participating in a home exercise program. Given this, the request for physical therapy two times a week times three weeks plus six visits to the left shoulder is not indicated as medically necessary.