

Case Number:	CM14-0053588		
Date Assigned:	07/07/2014	Date of Injury:	05/09/2013
Decision Date:	08/29/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/22/2014

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 General Surgery, has a subspecialty in Surgical Critical Care 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 58 year old female who has reported an industrial injury on May 09, 2013 due to a cumulative trauma injury. The initial problem was concentrated on the right wrist and thumb with a diagnosis of DeQuervain's tenosynovitis. The initial treatment involved an injection of steroids in the first dorsal compartment which was not of any benefit and notably made symptoms worse. The injured worker sought treatment with a second orthopedic surgeon who also concluded that the claimant has DeQuervain's and repeated the steroid injection. The injured worker then sought treatment with a third orthopedist. By that time, symptoms for the left upper extremity as well as the right elbow and right shoulder had developed. The current diagnosis is shoulder sprain (840.9). The right shoulder exam has range of motion (ROM) flexion 175, extension 40, abduction 160, adduction 35 and external rotation/internal rotation of 70. The most recent progress note dated April 1, 2014 indicates continued complaints of right shoulder and low back pain causing the injured worker to wake at night. The injured worker reported the back pain travels to her feet. An electromyography (EMG) of the upper extremity and right paracervical muscles performed on March 06, 2014 showed no evidence of cervical radiculopathy or brachial plexopathy in the right upper extremity and right (back portion of neck) paracervical. A prior utilization review determination dated April 07, 2014 denied a request for magnetic resonance imaging (MRI) to the lumbar spine due to no evidence of neurologic or motor deficits. The right shoulder diagnostic ultrasound was also denied by the prior determination on April 07, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of The Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRI.

Decision rationale: There are no progressive neurologic deficits to warrant lumbar MRI. There are no Red Flag findings as required by ACOEM guidelines. Therefore the request for lumbar MRI is not medically necessary.

One Right Shoulder Diagnostic Ultrasound: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53, 214.

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

Decision rationale: The injured worker has right shoulder pain with Impingement and Cross Arm Tests positive. There is palpable tenderness in the periscapular region. Therefore the requested ultrasound examination of the right shoulder is reasonable as supported by the ODG, although the findings may or may not be causally related to the industrial injury. Degenerative changes are generally disease of life. As such, the request is medically necessary.