MAXIMUS Federal Services

Case Number:	CM14-0054555		
Date Assigned:	07/07/2014	Date of Injury:	10/14/2010
Decision Date:	09/03/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/23/2014

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 Internal Medicine 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:

Patient is an injured worker with a right shoulder complaint. Date of injury was 10-14-2010. Regarding the mechanism of injury, the patient's right arm was caught in a press and was crushed at the right elbow. Primary treating physician's progress report dated 1/22/14 documented subjective complaints of intermittent moderate right shoulder, elbow, wrist, and hand pain, increased by lifting and range of motion. Medications and transdermal cream are helping. Objective findings were tenderness and decreased range of motion of the right shoulder, right elbow, right wrist and fingers. Diagnoses were: Crush injury to the right hand and forearm 10/14/10Status post right arm carpal tunnel release, Fasciotomy, Ulnar nerve transposition and repair, and Annular ligament and multiple tendon repairs 10/14/10, Status post split-thickness skin graft from right thigh to right forearm, 10/19/10 Status post distal intrinsic releases right index, middle, ring and small fingers, 8/2011Status post arthroscopic right shoulder biceps tenotomy, subacromial decompression, and acromioplasty, 4/2/12 Stiff hand syndrome right. History of bilateral lower extremity deep vein thrombosis. Depression Treatment plan was documented. Continue present medications. Dispensed Tramadol ER 150 mg #60. Refill compounded transdermal cream Flurbiprofen 25% / Lidocaine 5% / Menthol 1% / Camphor 1%. Pending authorization is for MRI arthrogram of the right shoulder, electrodiagnostic studies of the upper extremities, and physical therapy to the right hand. Request for authorization dated 03-15-2014 request MRI arthrogram of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI arthrogram of the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-214.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) states that magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy. Magnetic resonance imaging is the preferred investigation because it demonstrates soft tissue anatomy better. Risk of complications is highest for contrast CT or arthrography. Arthrography may be considered preoperatively only if MRI is unavailable. Routine MRI or arthrography for evaluation without surgical indications is not recommended. Primary treating physician's progress report dated 1/22/14 documented subjective complaints of intermittent, moderate right shoulder pain. Objective findings were documented as tenderness and decreased range of motion of the right shoulder, right elbow, right wrist and fingers. Relevant diagnoses included status post arthroscopic right shoulder biceps tenotomy, subacromial decompression, and acromioplasty 4/2/12. Request for authorization dated 03-15-2014 requested MRI arthrogram of the right shoulder. Medical records do not document shoulder range of motion measurements or neurologic examination. No red flags were documented. There was no mention of surgical considerations. No recent plain film x-rays were documented. No rationale for MRI or arthrogram was documented. The medical records do not support the medical necessity of MR arthrography. Therefore, the request for MRI arthrogram right shoulder is not medically necessary.