

Case Number:	CM14-0056895		
Date Assigned:	07/11/2014	Date of Injury:	10/19/2010
Decision Date:	09/09/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/28/2014

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 & Rehabilitation, 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 56 year old female who sustained an injury to her right shoulder on 10/19/10 due to cumulative trauma while performing her usual and customary duties as a cleaner. Electrodiagnostic studies Electromyogram (EMG) and nerve conduction velocity (NCV) dated 08/22/13 revealed mild compression of the median nerve at the carpal tunnel. A clinical note dated 11/08/13 reported that the injured worker had persistent bilateral hand pain/paresthesias. Physical examination noted thenar weakness bilaterally with decreased two point discrimination of all digits of both hands; persistent symptoms despite night splinting, NSAIDs, and physical therapy; bilateral-staged carpal tunnel release surgery was recommended. The records indicate that the injury was status post carpal tunnel release dated 01/18/14. Follow up note dated 03/28/14 reported that there were complaints of right shoulder, arm, and neck pain associated with numbness. cursory examination did not document any neurological or right shoulder physical examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast, right shoulder.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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, Magnetic resonance imaging (MRI).

Decision rationale: The request for MRI of the right shoulder without contrast is not medically necessary. Previous request was denied on the basis that there was no documented detailed physical examination of the right shoulder provided in association with the request; therefore, medical necessity could not be determined. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention had been performed. There were no physical examination findings of decreased motor strength, increased reflex, or sensory deficits. There was no indication that plain radiographs were obtained prior to the request for more advanced MRI there were more no additional significant 'red flags' identified. Given this, the request for MRI of the right shoulder without contrast is not indicated as medically necessary.