

Case Number:	CM14-0061832		
Date Assigned:	08/01/2014	Date of Injury:	10/21/2013
Decision Date:	09/26/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/02/2014

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 Family 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:

The injured worker is a 57 year old female who sustained an injury to her left upper extremity on 10/21/13 due to cumulative trauma while performing her usual and customary duties as a legal process assistant; she developed pain in the bilateral hands. The injured worker got to the point where she could not pick up anything and was dropping things. She was waking up at night with numbness and pain in her hand at 4/10 VAS with associated weakness. Clinical note dated 06/02/14 reported that the injured worker continued to have ongoing pain in the left elbow, arm, and wrist. The injured worker described her pain as aching, dull, and nagging at 4/10 VAS that was frequent, lasting about two thirds of the day. Associated symptoms included numbness, tingling, weakness and swelling. Physical examination noted crepitus over the bilateral shoulders; range of motion of the bilateral shoulders limited to pain; manual motor strength testing could not be measured in the bilateral shoulders due to limited range of motion secondary to pain; reflexes 1+ bilaterally; special testing unable to test secondary to pain. The injured worker was diagnosed with rotator cuff syndrome, bursitis, bicipital tenosynovitis, lateral epicondylitis and carpal tunnel syndrome. The treating physician referred her to an orthopedic specialist for a second opinion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second opinion for left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

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

Decision rationale: The previous request was denied on the basis that the provided records indicate the injured worker has had authorization for an orthopedic consultation dated 03/21/14. There was no clinical documentation noting the results of that consultation or if it has ever been done. Therefore, there was no clear medical necessity and the request was not deemed as medically appropriate. There was no additional significant objective clinical information provided that would support reverse of the previous adverse determination. There were no additional clinical notes provided that would contain any information regarding the previously certified orthopedic consultation. Given this, the request for second opinion of left upper extremity is not medically necessary.

MRI of 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.

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 previous request was denied on the basis that in this case, the provided records indicate limited physical examination and other objective findings with respect to the left shoulder. There was no evidence that basic radiographs had been attempted. There was no clear documentation of the amount of therapy and treatments that have been specifically directed to the left shoulder. There was also no clear documentation as to industrial basis for shoulder symptoms, as it was noted not to be part of the industrial claim. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. Physical examination findings were limited, secondary to pain and the inability to test the bilateral upper extremities. There were no additional significant 'red flags' identified. Given this, the request for MRI of the left shoulder is not medically necessary.