

Case Number:	CM14-0062108		
Date Assigned:	07/11/2014	Date of Injury:	10/31/2013
Decision Date:	09/08/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/05/2014

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 Occupational 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 patient is a 40-year-old female who has submitted a claim for cervical strain, lumbar strain, right shoulder bursitis with possible rotator cuff tearing, right dorsal tenosynovitis with intra-articular carpal irregularity, right knee patellofemoral pain, right ankle sprain with instability, associated with an industrial injury date of October 31, 2013. Medical records from 2014 were reviewed. The latest progress report, dated 04/23/2014, showed persistent aching pain in the right shoulder and right upper extremity to the hand. The shoulder pain waked her up at night. There was numbness in the right hand and fingers. There was also noted pain in the right knee and right foot/ankle. The pain was rated at 8/10. Physical examination revealed no acromioclavicular joint instability in the right shoulder. The apprehension maneuver was negative. Neer's test, Hawkins' maneuver, impingement sign, and O'Brien's test were positive. Drop arm test was negative. There was limited range of motion of the right shoulder without crepitus. Sensory pinwheel test showed normal sensation in the upper extremities. The right wrist revealed no instability. There was restricted range of motion of the right wrist. Treatment to date has included medications only. Utilization review from 04/24/2014 denied the request for MRI of the right shoulder because it was not known if this was going to be a repeat MRI which was not recommended as routine unless there was significant change in symptoms and/or findings. Additionally, it was noted that the documentation submitted did not indicate any of these indicators for a shoulder MRI on the right, no indication of rotator cuff tear or impingement or instability or labral tear. The request for MRI of the right wrist was denied because the documentation submitted showed no specific internal derangement in the wrist to support the MRI as recommended by the guidelines. However, it has also not been determined whether or not there has already been a previous right wrist MRI and the results if any.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right 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, Forearm, Wrist, & Hand chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, Magnetic Resonance Imaging.

Decision rationale: As stated on pages 208 to 209 of the ACOEM Practice Guidelines referenced by CA MTUS, criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. In addition, Official Disability Guidelines states that the criteria for shoulder MRI include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on MRI. In this case, the patient was for MRI in order to investigate the chronic pain noted in the right shoulder. However, medical review revealed previous MRIs were done, but it was not specified what specific body part and its result. Furthermore, medical review do not show any indication for it since there was no exacerbation of symptoms, significant objective findings and current treatment plans for surgery. The medical necessity for an MRI was not established. Therefore, the request for MRI of the right shoulder is not medically necessary.

MRI of the right 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 254. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Section, Magnetic Resonance Imaging.

Decision rationale: As stated on page 254 of the CA MTUS ACOEM Practice Guideline, MRI of the wrist and hand is recommended to diagnose triangular fibrocartilage complex (TFCC) tears; for follow-up of select patients with crush injuries or compartment syndrome; to diagnose Kienbock disease; for diagnosis of occult scaphoid fracture when clinical suspicion remains high despite negative x-rays; to diagnose suspected soft-tissue trauma after x-ray images confirm a complex displaced, unstable, or comminuted distal forearm fracture. ODG states that MRI has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures. In this case, the patient was for MRI in order to investigate the chronic pain noted in the right wrist. However, medical review revealed previous MRIs were done, but it was not specified what specific body part and its result.

Furthermore, medical review does not show any exacerbation of symptoms or significant objective findings that indicates its use. The medical necessity for an MRI was not established. Therefore, the request for MRI of the right wrist is not medically necessary.