MAXIMUS Federal Services

Case Number:	CM14-0079602		
Date Assigned:	07/18/2014	Date of Injury:	04/03/2009
Decision Date:	12/04/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	05/30/2014

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 Radiologist 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 51-year-old female who reported an injury on 04/03/2009. While lifting a pond liner to stock the shelf outside a garden department, she sustained an injury to her cervical spine and shoulders. The diagnoses are status post right shoulder surgery times 2, rule out impingement/rotator cuff pathology, right shoulder, rule out cervical radiculopathy, cervical spondylosis, C5-6, and bilateral median neuropathy/ulnar neuropathy. Past treatments were medications, physical therapy, TENS unit, home exercise program, application of cold and heat, and activity modification. The injured worker had upper extremity electromyography on 01/24/2014 that revealed evidence suggestive of muscle membrane irritability in the right biceps muscle enervated by the C5-6 nerve root/musculocutaneous motor nerve. It is to be noted that muscle membrane irritability was a nonspecific finding that can be seen in both neuropathic and myopathic conditions, therefore, clinical correlation was advised. A normal EMG study did not exclude a sensory nerve neuropathy or discogenic pain. Clinical correlation was therefore advised. The upper extremity nerve conduction study on 01/24/2014 revealed electrophysiologic evidence suggestive of a mild to moderate bilateral median nerve neuropathy, which was mixed, affecting both motor and sensory fibers. This finding was consistent with mild to moderate bilateral carpal tunnel syndrome. In addition, a mild right ulnar sensory nerve neuropathy involving the digits 4 and 5 could not be completely excluded. Clinical correlation was advised. The examination on 04/22/2014 revealed tenderness of the right shoulder and atrophy of the right deltoid musculature. There was limited range of motion with pain. There were positive impingement signs on the right. There was tenderness to the cervical spine, and the cervical range of motion for flexion was to 60 degrees. Extension was to 50 degrees. Left rotation was to 50 degrees. Left and right lateral tilt were to 50 degrees. Upper extremity neurologic examination was unchanged. There were spasms in the cervical and trapezius/deltoid tie, and

less pronounced. The request was for an MRI of joint, upper extremity, without dye. The rationale was not submitted. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of joint, upper extremity, without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The decision for MRI of joint, upper extremity, without dye is not medically necessary. Routine testing (laboratory tests, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. Cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Suspected acute tears of the rotator cuff in young workers may be surgically repaired acutely to restore function; in older workers, these tears are typically treated conservatively at first. Partial-thickness tears should be treated the same as impingement syndrome regardless of magnetic resonance imaging (MRI) findings. Shoulder instability can be treated with stabilization exercises; stress radiographs simply confirm the clinical diagnosis. Imaging findings can be correlated with physical findings. Physical examination did not reveal a positive O'Brian's, Hawkin's or Neer's sign on examination. The EMG/NCS requested physical examination correlation. The examination lacks objective findings in neurological deficits. The request does not indicate which shoulder for the MRI. The clinical information submitted for review does not provide evidence to justify an MRI of the upper extremity. Therefore, this request is not medically necessary.