

Case Number:	CM14-0093840		
Date Assigned:	07/25/2014	Date of Injury:	04/19/2010
Decision Date:	09/30/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/20/2014

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 General Surgery 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 was reportedly injured on 04/19/2010. The mechanism of injury was listed as strain to the right wrist due to the repetitive nature of work duties. Last progress report dated 04/23/2014 notes subjective complaints of persistent neck and bothersome right shoulder pain. Objective findings remained unchanged from tenderness to the right acromioclavicular joint throughout the anterior shoulder with decreased active range of motion. Abduction and forward flexion to about 150 degrees before having significant pain with positive Hawkins and Neer's sign. Current medication is Voltaren gel 4 grams four times a day to right shoulder. Refuses oral medications stating sensitivity to them. Diagnoses are neck pain (magnetic resonance image dated 01/14/2012 shows multi-level degenerative disk disease with a broad-based central left paracentral disk protrusion at C6-C7), right shoulder pain (status post rotator cuff repair June, 2011 and 03/26/2012 and right wrist pain (carpal tunnel release, February, 2011). A request was made for magnetic resonance image arthrogram and was not certified on 06/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI ARTHROGRAM: Overturned

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 AND HAND.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand (updated 02/18/2014), Arthrography; Shoulder, Arthrography, MRI.

Decision rationale: This is a claimant with right shoulder pain despite two previous surgeries in June 2011 and 3/26/2012. The claimant has active range of motion (AROM) restriction of Flexion and Abduction such that MR arthrogram of the shoulder is noted in the office note of 4/23/2014. This is reasonable given the two previous surgeries and is medically necessary.