

Case Number:	CM14-0100271		
Date Assigned:	07/30/2014	Date of Injury:	02/15/2014
Decision Date:	03/04/2015	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	06/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 21 year old male with a work injury dated 02/15/2014. The mechanism of injury is described as arm being caught in a machine. The injured worker (IW) was complaining of right elbow pain and laceration to the area. Physical exam revealed right elbow soft tissue swelling with tenderness to palpation. The IW had about a 0.5 cm laceration over the lateral condyle. There was no intra-articular involvement and he was neuro-vascularly intact. Diagnosis was right elbow crush injury and right elbow laceration. The laceration was cleaned and repaired. He was given an anti-inflammatory and pain medication. Physician report dated 05/02/2014 documents the IW was complaining of pain at the right shoulder, elbow and wrist as well as numbness at the hand and fingers and weakness at the arm. Physical examination revealed functional range of motion at the shoulders, elbows and wrists. There was no gross atrophy in hand muscles. Grip strength was weaker on the right side and was associated with complaints of pain. Deep tendon reflexes were 2+ at biceps and trace at the triceps. Phalen's test was positive on the right side and Tinel's sign was positive on the right wrist and elbow. Sensation was intact to light touch and pinprick. Nerve conduction studies on right median, ulnar and radial nerves were performed on 06/12/2014 with the following impression: Entrapment neuropathy of the ulnar nerve across the right elbow with very mild slowing of nerve conduction velocity. (Cubital Tunnel Syndrome) Very mild entrapment neuropathy of the ulnar nerve at the right wrist mainly affecting the sensory fibers. (Guyon Canal Syndrome) No electrophysiological evidence of entrapment neuropathy on the right median and radial nerves No electrophysiological evidence to support motor radiculopathy in the right upper extremity. Other

tests performed were: 05/19/2014 MRI of right shoulder Supraspinatus tendinosis, Sub-coracoid bursitis, Inferolateral tilt of the lateral acromion causing acromio-humeral outlet stenosis 05/19/2014 MRI of the right elbow Negative 05/19/2014 MRI of the right wrist Negative Diagnoses included: Crush injury of the right hand and wrist Right shoulder impingement syndrome Right lateral epicondylitis Right medial epicondylitis Right forearm crush injury Right wrist sprain/strain. The provider requested a MRI of right shoulder on 06/23/2014. On 06/25/2014 utilization review non-certified the request for MRI of right shoulder stating: Primary criteria for ordering imaging studies are: Emergence of a red flag Physiologic evidence of tissue insult or neurovascular dysfunction Clarification of the anatomy prior to an invasive procedure "In this case there are few physical findings and none demonstrating a likely serious internal derangement for which surgery may be indicated. The medical necessity of this study has not been clearly demonstrated." Guidelines cited were CA MTUS 2009 ACOEM, Occupational Medical Practice Guidelines, Second Edition (updated 2007) Chapter 10 pages 601-602, Chapter 9 pages 207-208 and Chronic Pain page 58. Official Disability Guidelines, Treatment Index, 12th edition (web) 2014 Shoulder MRI. The decision was appealed to Independent Medical Review.

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: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208 and 214.

Decision rationale: MRI of the shoulder is recommended for preoperative evaluation of partial thickness or large full thickness rotator cuff tears. The primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. In this case there was an indication for MRI of the right shoulder. An MRI of the right shoulder was performed on 5/19/2014 which revealed findings to explain symptoms and physical exam findings. The repeat MRI requested on 6/23/2014 was not medically necessary. There is no indication that there were new exam findings or planned surgery requiring further anatomical clarification for which a repeat MRI was warranted.