

<b>Case Number:</b>	CM14-0101759		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	02/21/2014
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

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

33y/o female injured worker with date of injury 2/21/14 with related left thumb pain. Per progress report dated 5/8/14, it was noted that the injured worker was given an injection for de Quervain's tenosynovitis at the last visit. She reported that this not help her symptoms. She also previously had pain in the digit, some numbness and tingling. She reported that this was now worse. She had been wearing a splint which was helping a bit. Per physical exam of the left wrist, there was severe tenderness at the dorsoradial aspect of the wrist. Finkelstein test was grossly positive. Carpal tunnel compression test, Tinel's and Phalen's were also positive. Treatment to date has included physical therapy, injections, and medication management. The date of UR decision was 6/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the left shoulder w/ and w/o (with and without) contrast:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Shoulder (updated 04/25/2014)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic Resonance Imaging

**Decision rationale:** The MTUS is silent with regard to specific indications for shoulder MRI. Per the ODG guidelines: Indications for imaging -- Magnetic resonance imaging (MRI):- Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs.- Subacute shoulder pain, suspect instability/labral tear.- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (May, 2008) Per progress report dated 4/17/14, the injured worker presented with tenderness at the bilateral rotator cuff muscles, left subacromial and subdeltoid area, and left supraspinatus and infraspinatus area. Impingement test was positive on the left. Reflexes were rated 1+ bilaterally at the biceps, triceps, and supinator. I respectfully disagree with the UR physician's denial based upon the lack of documented 6 weeks of conservative therapy or massive rotator cuff tear. Per the above noted citation, this is not mandated. The request is medically necessary.