

Case Number:	CM14-0191123		
Date Assigned:	11/24/2014	Date of Injury:	04/25/2014
Decision Date:	01/09/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/17/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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:

This is a 39 year old female who was injured while trying to restrain a child at school on 4/25/2014, injuring her right arm. Diagnoses were right shoulder parascapular sprain/strain with contusion, rule out impingement syndrome, right elbow sprain/strain with contusion, right wrist sprain/strain with contusion, rule out loose body, cervical/trapezial musculoligamentous sprain/strain with right upper extremity radiculitis, lumbar musculoligamentous sprain/strain with right sacroiliac joint pain, and psychiatric complaints of stress, anxiety and depression. Treatments have included acupuncture, physical therapy, and medications. A progress note dated 10/02/2014 documents that the patient just started therapy for the right shoulder and wrist. Impingement test is positive, cross arm test is positive. Crepitus is positive. Right shoulder is tender to palpation over the supraspinatus tendon, subacromial region, anterior capsule and acromioclavicular joint. The right wrist reveals tenderness to palpation over the dorsal capsule with slight swelling, and crepitus is present. There is Grade 4/5 muscle weakness in all planes. The lumbar spine reveals tenderness to palpation with muscle guarding and slight spasm over the paraspinal musculature, and there is decreased range of motion. The provider recommended continuing with remaining therapy treatments. The requested treatment is for a Magnetic Resonance Imaging of the right shoulder and the right wrist. Utilization review dated 10/31/2014 non-certified the Magnetic Resonance Imaging of the right shoulder citing ACOEM Guideline, Chapter 9-Shoulder Complaints, and Official Disability Guidelines, Shoulder (Acute and Chronic). There are continued complaints of shoulder pain but there is no documented objective evidence of any significant pathology such as a rotator cuff tear, labral tear, instability or neurological deficit. In addition there is no current documentation of significant functional limitations resulting from the shoulder condition. Utilization Review non-certified a Magnetic Resonance Imaging of the right wrist citing ACOEM Guidelines, Chapter 11, Forearm, Wrist

and Hand Complaints. A physician progress note dated 10/2/2014 there is no documented objective evidence of significant wrist pathology or functional limitation that may warrant evaluation with advanced imaging. There is tenderness, restricted range of motion and some swelling, but there are no orthopedic or neurological findings that would warrant a Magnetic Resonance Imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-9.

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

Decision rationale: Regarding the request for MRI of the shoulder, Occupational Medicine Practice Guidelines state that more specialized imaging studies are not recommended during the 1st month to 6 weeks of activity limitation due to shoulder symptoms except when a red flag is noted on history or examination. Cases of impingement syndrome are managed the same whether or not radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Guidelines go on to recommend imaging studies for 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. Within the documentation available for review, no red flags are noted. Furthermore, it does not appear the patient has failed conservative treatment options as the patient is noted to have only recently begun therapy at the time of the request. In light of the above issues, the currently requested shoulder MRI is not medically necessary.

1 MRI Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 80.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Chapter

Decision rationale: Regarding the request for MRI of right wrist, California MTUS and ACOEM note that imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. More specifically, ODG notes that MRIs are supported in chronic wrist pain if plain films are normal and there is suspicion of a soft tissue tumor or Kienbock's disease. Within the documentation available for review, there is no clear indication of a condition for which an MRI is supported as noted above or another clear rationale for the use of MRI in this patient. Furthermore, it is noted that the patient had only just

begun therapy as of the date of the request, with additional therapy pending. In light of the above issues, the currently requested MRI of right wrist is not medically necessary.