

Case Number:	CM14-0192949		
Date Assigned:	11/26/2014	Date of Injury:	04/01/2008
Decision Date:	01/14/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/18/2014

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 Pain Management and Rehabilitation, 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:

According to the records made available for review, this is a 56-year-old female with a date of injury on 04/01/2008. Records reviewed by Utilization Review were not submitted, however additional documentation was provided. Documentation from 07/29/2014 indicated that the injured worker developed pain in the right shoulder and bilateral wrists secondary to repetitive cutting of food with a knife along with lower back pain in 04/2007 with injured worker continuing to work until 04/04/2008. Progress report from 07/29/2014 indicated the diagnoses of pain in shoulder joint, stiffness to shoulder joint, and carpal tunnel syndrome. The documentation from 07/29/2014 noted subjective findings of complaints of worsening constant, moderate right anterior/dorsal shoulder pain with weakness and constant, moderate bilateral volar wrist and hand pain during the day and night. The progress note was also indicated the injured worker to have swelling to of the bilateral hands. Physical examination noted shoulder active range of motion to be 130 degrees, passive range of motion to be 130 degrees, external rotation to be sixty degrees, and internal rotation to be zero degrees. The treating physician also noted Jamar hand measurements to be four, four, and six in the left and four, two, and four in the right. Progress note indicated that impingement testing was unable to be performed secondary to limited range of motion. Strength was noted a four out of five with external rotation and elevation. The injured worker was also noted for a positive Tinel's and Phalen's signs to the bilateral upper extremities. Documentation from 07/29/2104 noted the result of an electromyogram and nerve conduction velocity study performed on 05/18/2009 that revealed mild bilateral ulnar nerve entrapment and moderate bilateral carpal tunnel syndrome to the bilateral upper extremities. X-ray results of the right shoulder from 07/29/2014 were remarkable for mild acromioclavicular arthrosis and x-rays of the bilateral wrists were unremarkable for acute processes. The record from 07/29/2014 noted prior treatments and therapies of one corticoid steroid injection to the right anterior shoulder,

shoulder surgery, psychological therapy, home exercise program, a medication regimen, an unknown quantity of physical therapy for six months with ice, exercises, heat, paraffin, and massage, and requests for bilateral carpal tunnel braces. Medical records provided did not indicate a specific medication regimen. While documentation included that physical therapy treatments was provided, there was no documentation of quantity, treatment plan, or results of prior physical therapy visits. Documentation also noted the injured worker was not active with home exercise program. The medical records provided did not indicate specific details of functional improvement, improvement in work function, or in activities of daily living. Medical records from 07/29/2014 noted a work status of temporarily totally disabled. On 10/27/2014, Utilization Review non-certified a prescription for magnetic resonance imaging of the right shoulder. Utilization Review non certified magnetic resonance imaging of the right shoulder based on CA MTUS Guidelines, ACOEM, Shoulder Complaints, noting that the medical files lacked documentation of acute shoulder trauma, or chronic or sub acute shoulder pain with instability, along with no noted suspicion of a labral tear. Utilization Review also noted that prior magnetic resonance imaging from 2009 did not reveal any of the previous listed conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, , MRI

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines

Decision rationale: The patient presents with pain in shoulder joint, stiffness to shoulder joint, and carpal tunnel syndrome. The current request is for MRI of the right shoulder. The treating physician states that the patient has had worsening shoulder pain and weakness. The patient mostly complains of constant moderate right anterior/dorsal shoulder pain and difficulty with overhead and reaching behind. The ODG guidelines, shoulder chapter, state that indications for imaging are "1. Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; 2. Subacute shoulder pain, suspect instability/labral tear; 3. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology."The patient did have an MRI performed on 7/08/09 and the report was not provided in the medical records for review. In this case the treating physician medical records have not supplied documentation of acute shoulder trauma since the first MRI. The physical exam shows decreased range of motion due to pain. Physical therapy has been recommended. The ODG guidelines do not recommend repeat MRI unless there is a significant change in symptoms and/or findings suggestive of significant pathology. In this case, there is only one report submitted for review and there are no indications of any red flags or new trauma that requires a repeat MRI scan. The request for MRI is not medically necessary.