

Case Number:	CM14-0207442		
Date Assigned:	12/19/2014	Date of Injury:	05/05/2006
Decision Date:	02/13/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/11/2014

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 Internal Medicine, has a subspecialty in HPM and is licensed to practice in Pennsylvania. 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 39-year-old gentleman with a date of injury of 05/05/2006. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 10/22/2014 indicated the worker was experiencing pain in the upper back, lower back that went into the left leg, left shoulder, left wrist, left hip, and left knee. The worker also had gastrointestinal upset with medications in the past; no details were reported. The documented examination described decreased motion in the upper back joints, tenderness in the upper and lower back, positive Kemp's sign on both sides, positive testing involving raising the straightened left leg, decreased strength and sensation following the paths of the left L4 through S1 spinal nerves, decreased motion in the left shoulder, tenderness in the left shoulder with mild muscle weakness, positive Neer and Hawkins' signs on the left, positive supraspinatus testing of the left shoulder, tenderness and decreased motion in the left wrist and knee, positive Finkelstein's testing of the left wrist, positive Tinel's and Phalen's signs on the left, mild decreased left grip strength, positive Patrick's sign on the left, and tenderness in the left hip with decreased motion in the joint. The submitted and reviewed documentation concluded the worker was suffering from cervical and lumbar strain, left shoulder strain, left knee and wrist strain, and a sleep disorder. Treatment recommendations included topical medication, consultation with an internist for gastrointestinal issues, consultation with a general surgeon for a possible recurrent hernia, MRI imaging of the left shoulder and knee, consultation with a spine surgeon for the lower back, consultation with [REDACTED] for the left wrist, modified activities, and follow up care. A Utilization Review decision was rendered on 11/13/2014 recommending non-certification for MRI imaging of the left shoulder and modified certification for a consultation with a specialist for evaluation of the worker's left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with [REDACTED] regarding left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8.

Decision rationale: The MTUS Guidelines generally encourage follow up care when needed to maximize the worker's function. The submitted and reviewed records concluded the worker was suffering from cervical and lumbar strain, left shoulder strain, left knee and wrist strain, and a sleep disorder. There was no discussion indicating [REDACTED] specialty or suggesting how he or she could add to the worker's care. In the absence of such evidence, the current request for a consultation with [REDACTED] for evaluation of the worker's left wrist is not medically necessary.

MRI left shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-219.

Decision rationale: The MTUS Guidelines support the use of MRI imaging when there are signs and symptoms of rotator cuff injury, a labral tear in the shoulder, adhesive capsulitis if the diagnosis is unclear, tumor or an infection involving the shoulder, or when surgery is being considered for a specific anatomic shoulder problem. The submitted and reviewed documentation concluded the worker was suffering from cervical and lumbar strain, left shoulder strain, left knee and wrist strain, and a sleep disorder. The documented examination described multiple findings concerning for a left shoulder rotator cuff tear. In light of this supportive evidence, the current request for MRI imaging of the left shoulder is medically necessary.