

Case Number:	CM15-0002284		
Date Assigned:	01/13/2015	Date of Injury:	12/01/2005
Decision Date:	03/16/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/06/2015

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, Illinois
 Certification(s)/Specialty: Internal Medicine

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 55-year-old female who reported an injury on 12/01/2005. The mechanism of injury was due to repetitive stress injury. Her diagnoses include bilateral wrist and forearm tendinitis, bilateral carpal tunnel syndrome, bilateral epicondylitis/right elbow tendinitis, bilateral shoulder strain, status post left shoulder open repair surgery, status post right shoulder open repair surgery, secondary depression and anxiety, and gastrointestinal upset due to use of medication. Past treatments include medication and surgery. Pertinent diagnostic studies included an unofficial left shoulder MRI performed on 03/04/2011 which revealed a full thickness tear of the supraspinatus tendon and posterior labral tear and an unofficial right shoulder MRI performed on 03/04/2011 which revealed a superior labral tear with anterior to posterior extension, a partial articular surface tear of the supraspinatus tendon, and subacromial/subdeltoid bursitis. Pertinent surgical history included a bilateral carpal tunnel release in 11/2007, a left shoulder open repair surgery on 09/27/2011, and a right shoulder open repair surgery on 07/16/2013. On 11/21/2014, the injured worker complained of bilateral upper extremity pain and bilateral carpal tunnel pain rated 8/10 to 9/10 and 7/10 with medications. The injured worker also complained of continued insomnia. The physical examination of the left shoulder revealed active range of motion was abduction at 90 degrees and flexion at 100 degrees. The physical examination of the right shoulder revealed slight tenderness over the periscar region and mild tenderness upon palpation over the superior shoulder in the acromioclavicular region. The right shoulder active range of motion was abduction at 130 degrees and flexion at 140 degrees. Her relevant medications included Norco. The treatment plan included an MRI of

the bilateral upper extremities. A rationale was not provided. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Bilateral Upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand; MRI

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 (MRI).

Decision rationale: The request for MRI bilateral upper extremity is not medically necessary. The Official Disability Guidelines state that repeat MRIs are not routinely recommended and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. The injured worker was indicated to be status post bilateral open shoulder surgery. However, there was lack of documentation indicating significant changes in symptoms and/or findings suggestive of significant pathology. In addition, a recent MRI was not provided postsurgically for review. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.