

Case Number:	CM15-0100048		
Date Assigned:	06/02/2015	Date of Injury:	04/18/2014
Decision Date:	08/20/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/26/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 62 year old male who sustained a repetitive industrial injury on 04/18/2014 to multiple body parts. The injured worker was diagnosed with bilateral shoulder impingement/bursitis, cervical radiculopathy, left knee degenerative joint disease, left knee meniscus tear and left wrist De Quervain's syndrome. No invasive surgical interventions were performed. Treatment to date has included diagnostic testing with electrodiagnostic studies of the upper extremities in October 2014, chiropractic therapy (20 sessions), left knee steroid injection on February 3, 2015, ice therapy and medications. According to the primary treating physician's progress report on March 16, 2015, the injured worker continues to experience bilateral shoulder, left elbow, left wrist and left knee pain. The injured worker rates his right shoulder pain level at 3/10, left shoulder pain at 4/10, and left wrist/hand pain at 6/10. Examination of the right shoulder demonstrated full range of motion without deficits in motor strength, sensation, reflexes and special testing. The examination of the left shoulder noted tenderness to palpation over the acromioclavicular joint and biceps tendon with painful decreased range of motion on flexion. There was no evidence of joint instability. Neer's and Hawkins were positive with intact motor strength, sensation, pulses and deep tendon reflexes. Left elbow showed full range of motion, no tenderness and negative testing. The left wrist and hand demonstrated tenderness to palpation over the extensor pollicis longus (EPL) and abductor pollicis brevis (APB) tendons with pain on range of motion. Tinel's, Phalen's, Watson's and ulnar impaction tests were negative. Finklestein's test was positive. Motor strength, sensation, pulses and deep tendon reflexes were within normal limits. Current medications are listed as Naproxen and topical analgesics. The

injured worker is on temporary partial disability (TPD) and returned to work in December 2014 with modified duties. Treatment plan consists of continuing home therapy, ice therapy, physical therapy for the bilateral shoulder and left knee and the current request for magnetic resonance imaging (MRI) of the left and right shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: This claimant was injured in 2014 and holds diagnoses of bilateral shoulder impingement/bursitis, cervical radiculopathy, left knee degenerative joint disease, left knee meniscus tear and left wrist De Quervain's syndrome. No invasive surgical interventions were noted. As of March 2015, there was bilateral shoulder, left elbow, left wrist and left knee pain. Examination of the right shoulder demonstrated full range of motion without deficits in motor strength, sensation, reflexes and special testing. The examination of the left shoulder noted tenderness to palpation over the acromioclavicular joint and biceps tendon with painful decreased range of motion on flexion. Neer's and Hawkins were positive with intact motor strength, sensation, pulses and deep tendon reflexes. Motor strength, sensation, pulses and deep tendon reflexes were within normal limits. The request is for an MRI of the left shoulder. The MTUS was silent on shoulder MRI past the acute phase. Regarding shoulder MRI, the ODG notes it is indicted for acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs OR for subacute shoulder pain, suspect instability/labral tear. It is not clear what orthopedic signs point to a suspicion of instability or tearing, or if there has been a significant progression of objective signs in the shoulder to support advanced imaging. The request is not medically necessary.

MRI Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: As shared earlier, this claimant was injured in 2014 and holds diagnoses of bilateral shoulder impingement/bursitis, cervical radiculopathy, left knee degenerative joint disease, left knee meniscus tear and left wrist De Quervain's syndrome. No invasive surgical interventions were performed. As of March 2015, there was bilateral shoulder, left elbow, left wrist and left knee pain. Examination of the right shoulder demonstrated full range of motion

without deficits in motor strength, sensation, reflexes and special testing. The examination of the left shoulder noted tenderness to palpation over the acromioclavicular joint and biceps tendon with painful decreased range of motion on flexion. Neer's and Hawkins were positive with intact motor strength, sensation, pulses and deep tendon reflexes. Motor strength, sensation, pulses and deep tendon reflexes were within normal limits. This is the request for the MRI now of the right shoulder. As with the previous MRI request, the MTUS was silent. But regarding shoulder MRI, the ODG notes it is indicted for acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs OR for subacute shoulder pain, suspect instability/labral tear. It is not clear what orthopedic signs point to a suspicion of instability or tearing, or if there has been a significant progression of objective signs in the shoulder to support advanced imaging. The request also is not medically necessary.