

Case Number:	CM15-0100845		
Date Assigned:	06/03/2015	Date of Injury:	02/18/2015
Decision Date:	07/09/2015	UR Denial Date:	05/14/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old, female who sustained a work related injury on 2/18/15. She was trying to cut open a box with a box cutter and her finger and hand gave way. Her thumb laid flat in her hand in a fixed position. Massage was tried to relax it and it would not move. She had spasms in her hand. She had pain that radiated up her arm, shoulder and into back. The diagnoses have included left arm overuse syndrome, left shoulder strain/sprain with impingement, left wrist strain/sprain/enthesopathy, left thumb strain/sprain/tenosynovitis, rule out peripheral nerve entrapment and loss of grip strength. Treatments have included ice therapy, use of a sling/brace and Ibuprofen. In the Initial Primary Treating Physician Chiropractic Report dated 3/17/15, the injured worker complains of constant left shoulder and upper arm pain. She rates her pain level an 8/10. She complains of left shoulder being very stiff and she cannot raise her arm to shoulder height. She has pain that radiates down her arm and she has numbness in the fingers. She complains of constant left distal forearm pain. She rates this pain level a 6/10. She also complains of constant left thumb pain with numbness. She rates this pain level a 2-8/10. She cried with movement of left forearm from pain. She has a positive Waddell's sign. She has tenderness to palpation over left acromioclavicular joint and glenohumeral joint. She has positive Hawkins-Kennedy and Neer's tests. She has severely decreased range of motion in left shoulder. The treatment plan includes recommendations for chiropractic treatments, for an MRI of left shoulder, for an EMG/NCV studies of arms, for a pain management evaluation and for a TENS unit for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast (left shoulder): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI).

Decision rationale: The claimant sustained a work injury on 02/18/15 and continues to be treated for left shoulder and upper arm pain. Treatments have included medications. When seen on 03/17/15 pain was rated at 8/10. She had shoulder stiffness. She was having distal forearm pain and numbness and pain of the left thumb. She was using a splint and taking medications. Physical examination findings included left shoulder acromioclavicular joint and glenohumeral joint tenderness. Impingement testing was positive. There was decreased and painful range of motion with decreased strength. Acupuncture and chiropractic treatments were recommended. Authorization for an MRI of the shoulder was requested. Indications for obtaining an MRI of the shoulder are acute trauma where there is a suspected rotator cuff tear/impingement with normal x-rays or subacute shoulder pain where instability or a labral tear is suspected. In this case, there are no plain film x-ray results and when requested the claimant was less than one month status post injury and, other than for medications, had not started other conservative care such a physical therapy or the planned chiropractic care with acupuncture. Obtaining an MRI of the shoulder when requested was not medically necessary.