

Case Number:	CM15-0101807		
Date Assigned:	06/04/2015	Date of Injury:	08/01/2011
Decision Date:	07/07/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/28/2015

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:

This 55-year-old female sustained an industrial injury on 8/1/11. Diagnoses include cervical and lumbar spine sprain/ strain, bilateral shoulder impingement syndrome and epicondylitis right elbow. Treatments to date include x-ray and MRI testing, physical therapy and prescription pain medications. The injured worker continues to experience low back, right shoulder, elbow, neck and left wrist pain. Upon examination, there was tenderness to the lateral epicondyle on the right olecranon process, pain with flexion and extension. There was tenderness to palpation noted in the bilateral shoulders, bilateral thoracic paraspinals noted. A request for MRI of the right shoulder and MRI of the right elbow was made by the treating physician.

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.

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

Decision rationale: This claimant was injured in 2011. There was a neck strain and lumbar strain and impingement. There has been past MRI testing. There is continued pain. No objective progression or new damage is noted since the last MRIs. The MTUS was silent on shoulder MRI. 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 elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, under MRI.

Decision rationale: This claimant was injured in 2011. There was a neck strain and lumbar strain and impingement. There has been past MRI testing. There is continued pain. No objective progression or new damage is noted since the last MRIs. The MTUS was silent on elbow MRI. The ODG notes: Magnetic resonance imaging may provide important diagnostic information for evaluating the adult elbow in many different conditions, including: collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial, or median nerve, and for masses about the elbow joint. Repeat MRI should be reserved for significant changes in symptoms and or findings suggestive of significant pathology. This latter criteria is not met. The request is not medically necessary.