MAXIMUS Federal Services

Case Number:	CM15-0019670		
Date Assigned:	02/09/2015	Date of Injury:	08/01/2014
Decision Date:	04/03/2015	UR Denial Date:	01/18/2015
Priority:	Standard	Application Received:	02/02/2015

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

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 40-year-old male, who on 08/01/2014, experienced pain, numbness, and tingling in his hands and arms after lifting equipment over his head. He also reported acute pain in the shoulders, neck and low back. The injured worker attributes his pain to repetitive injury over 13 years while fixing dents on cars. He was assessed with bilateral severe carpal tunnel syndrome, left ulnar neuropathy, cervical disc disease, cervical facet syndrome, bilateral shoulder pain, low back pain, and paraesthesias of the lower extremities. The injured worker reported increased pain after physical therapy, and medication regimen that included Motrin, Norco, and Flexeril. A nerve conduction test of the upper extremity showed fairly severe carpal tunnel syndrome, more right sided than left, and left ulnar neuropathy. He also had an MRI on 10/01/2014 of the cervical spine, which showed posterior disc osteophyte complex at C3-C4 causing mild canal stenosis, and C3-C4 facet changes. Mild disc desiccation, and C5-6 facet joint arthritis causing bilateral stenosis were also reported. An EMG from 10/2014 showed bilateral severe carpal tunnel syndrome, worse on the right, and ulnar neuropathy at the elbow. No relevant surgical history was reported. The injured worker's subjective complaints include bilateral hand pain, shoulder pain, right sided neck pain and low back pain. The hand pain is fairly constant and throbbing, more so in the right hand, where he also reported numbness and tingling in the first 3 fingers of both hands. The neck pain is right sided, achy, radiating to the right shoulder, and worse with movement. The shoulder pain is slightly below the joint, and is anterior and proximal to the joint. It was described as aching pain in the deltoid between the biceps and triceps. The low back pain was reported to be intermittent and achy, described as

stabbing, worse when getting up from a seated position, with elbow pain radiating down the arms towards the finger. The pain level was rated at 6/10 coming down anywhere through 3 to 5 out of 10 with medication. On the physical exam, the injured worker reported tenderness in the paracervical muscles, tenderness in the upper right trapezius and lower facets. Range of cervical spine motion was mildly decreased with pain in all fields. Pain was present with lateral movement and extension. Lumbar spine examination showed tenderness to palpation of the paraspinal muscles of the lower lumbar spine. Bilateral shoulder examination showed tenderness to anterior shoulder pain and pain experienced after 90 degrees of flexion and abduction. Upper extremity examination showed tenderness in the wrist, more so on the right, tenderness in the left medial epicondyle, positive Tinel's at the wrists bilaterally, and positive Tinel's to the left elbow; musculoskeletal examination showed decreased sensation at the 1st through 3rd fingers of each hand, decreased sensation of the left anterior shin, strength of upper extremities were 5/5, but reflexes of the lower extremities were 1+. The injured worker was having significant pain in the shoulders with overhead use; he had some pain with impingement maneuvers; therefore, request for bilateral MRI of the shoulders is requested.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201.

Decision rationale: According to California MTUS guidelines, thorough medical and work histories and a focused physical examination are sufficient for the initial assessment of the worker complaining of potential work-related shoulder symptoms. Certain findings on the history and physical examination raise suspicion of serious underlying medical conditions, referred to as red flags. The absence of red flags rules out the need for special studies, referral, or inpatient care during the first four to six weeks, when spontaneous recovery is expected. In the absence of conservative care and presentation of red flag symptoms, medical necessity for MRI of the shoulder with impression of impingement syndrome is not supported.