

Case Number:	CM15-0132282		
Date Assigned:	07/20/2015	Date of Injury:	05/11/2014
Decision Date:	08/18/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/08/2015

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

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 30-year-old female who sustained an industrial injury on 5/11/14 in a turning incident causing her to fall on her right arm. She was diagnosed with sprain of the right wrist; contusion of the right elbow. She was given a thumb spica splint and medication. She currently complains of increased migraines and tightness in the right side of her shoulder and neck; soreness in the right elbow; increased right shoulder pain. On physical exam, there was tenderness over the trapezius muscle. Neck and shoulder have full range of motion and no evidence of impingement; right elbow has full range of motion with tenderness over the medial epicondyle; right wrist has limited range of motion due to the presence of pins. Medication was Ultram. Diagnoses include status post removal of buried pins (5/8/15), right wrist; status post right wrist arthroscopy with perilunate stabilization and pinning and triangular fibrocartilage complex debridement (3/20/15); right wrist sprain with partial scapholunate and lunotriquetral ligament tears; right sided neck trapezial myofascitis; improved right elbow medial epicondyle contusion and sprain and common flexor origin sprain; traumatic right elbow cubital tunnel syndrome ; right shoulder strain with trapezial myofascitis. Treatments to date include medication; heating pad; cortisone injections right wrist with minimal relief. Diagnostics include MRI right wrist (1/30/15) showing partial tear scapholunate ligament; radiographs of the right wrist from the progress note dated 5/4/15 reveal no evidence of pin loosening or breakage; electromyography/ nerve conduction studies of the wrists were negative. In the progress note dated 5/18/15 the treating provider's plan of care included a request for MR arthrogram of the right shoulder to rule out a rotator cuff versus labral tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR arthrogram for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207- 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, MR arthrogram.

Decision rationale: With regard to the request for MR arthrogram of the shoulder, the ACOEM guidelines specified timing information regarding acute and subacute shoulder pain that is not adequately managed by conservative therapy. In this case, there is documentation of chronic shoulder pain. Therefore the ODG is cited which specify that MR arthrogram of the shoulder can be very sensitive for detection of labral pathology. In the case of this injured worker, the worker has primarily undergone treatment for wrist issues. The progress note associated with this request fails to document positive provocative maneuvers, and it is noted the Speed's and Obrien's testing are within normal limits. It is also noted the AROM is near normal. The conservative treatment of the shoulder to date has not been documented. Given this, this request is not medically necessary.