

Case Number:	CM15-0146891		
Date Assigned:	08/10/2015	Date of Injury:	09/20/2010
Decision Date:	09/04/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/28/2015

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: Connecticut, California, Virginia
 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 43 year old female, who sustained an industrial injury on 9-20-10. The injured worker was diagnosed as having myofascial pain along the shoulder on the right, tenosynovitis along the right forearm, right wrist joint sprain, and numbness and tingling along the right arm. Treatment to date has included a Cortisone injection at the carpal tunnel, TENS, hot and cold wraps, and medication. Physical examination findings on 6-24-15 included tenderness along the dorsum of the wrist and weakness against resistance with extension. Tenderness was noted along the right shoulder with positive impingement and Hawkins signs. Tenderness along the rotator cuff and bicep tendon were also noted. Currently, the injured worker complains of right shoulder, right elbow, right wrist, and right hand pain. The treating physician requested authorization for a MRI without contrast for the right shoulder and right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast for the right shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, shoulder, Magnetic Resonance Imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

Decision rationale: According to the ACOEM guideline cited, for patients with a shoulder problem, special studies are not indicated, unless there are red flags, or a four- to six-week period of conservative management fails to improve symptoms. The provided documents indicate that symptoms have persistently occurred in this case, including positive findings for impingement. Therefore, the request for MRI of the shoulder is medically necessary at this time.

MRI without contrast for the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand, MRI's (magnetic resonance imaging).

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

Decision rationale: MRI is recommended for acute hand or wrist trauma in which radiographs are normal and fracture is suspected or if wrist pain is chronic in order to rule out suspected tumor. In this case, there is little evidence to warrant MRI for wrist complaints without EMG/NCV or specific neurologic deficits on exam warranting further study with MRI. Additionally, many papers dispute the value of MRI for ligamentous tears because arthroscopy is both diagnostic and therapeutic in such cases. Given the lack of evidence to support MRI in this case (diagnosis of wrist sprain), without red flag concerns for imaging or operative planning, based on the provided records, the request is not medically necessary at this time.