

Case Number:	CM15-0182129		
Date Assigned:	09/23/2015	Date of Injury:	02/24/2011
Decision Date:	10/27/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/16/2015

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 55 year old female with an industrial injury dated 02-24-2011. A review of the medical records indicates that the injured worker is undergoing treatment for chronic right upper extremity pain with diagnosis of complex regional pain syndrome following blunt crush injury to the right hand, myofascial pain in the right side of the neck and upper back, and right carpal tunnel syndrome. According to the progress note dated 07-23-2015, the injured worker reported severe pain in the right upper extremity. The injured worker has not been able to return back to work since work related injury. Average pain level was 10 out of 10 on a visual analog scale (VAS) with an occasional decrease with the use of pain medicines. Objective findings (7- 23-2015) tenderness to palpitation over the right dorsal aspect of the hand, gross limitation in range of motion of the right wrist on flexion, greater than extension, difficulty lifting her right arm above shoulder height, limited right shoulder abduction with passive range of motion testing, tenderness to palpitation of the right side of neck and upper back along the trapezii. Magnetic Resonance Imaging (MRI) of the right hand on 5-23-2011 revealed soft tissue edema and thickening of the joint capsule but surgery was not recommended. Electromyography (EMG) nerve conduction studies (NCS) on 1-24-2012 revealed right carpal tunnel syndrome. Electrodiagnostic was repeated on 12-11-2013, which also revealed evidence of moderate bilateral carpal tunnel syndrome. In a progress report dated 07-31, 2015, the injured worker reported increase right shoulder pain rated a 10 out of 10 decreased to a 6 out of 10 with medications. Physical exam revealed diminished range of motion in the right shoulder with tenderness over the acromioclavicular joint (AC) joint and pain to palpitation over the posterior shoulder. Treatment to date has included diagnostic studies, prescribed medications, multiple injections to wrist with no improvement, right

stellate ganglion block on 10-21-2011, physical therapy, and acupuncture therapy with no significant benefit. The treatment plan included further diagnostic testing. The treating physician requested services for a right shoulder Magnetic Resonance Imaging (MRI) for further evaluation. The utilization review dated 08-20-2015, non-certified the request for right shoulder Magnetic Resonance Imaging (MRI).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder MRI: Upheld

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

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 in February 2011 and continues to be treated for right upper extremity pain. Her injury occurred when, while working on an assembly line, her right hand became stuck in compression machine and she was struck over the dorsal aspect of her right hand. She gradually noticed right shoulder pain a few weeks after being released from her job. Treatments for her shoulder have included therapy and injections through her primary care provider. When seen, she was having trouble sleeping or lying down because of shoulder pain. She was having difficulty with lifting her right arm above shoulder level and with reaching. Physical examination findings included moderate obesity. There was decreased shoulder range of motion with acromioclavicular joint tenderness and positive Cross arm testing. There was decreased abduction strength. Authorization is being requested for an MRI of the shoulder. Applicable indications in this case for obtaining an MRI of the shoulder include suspected instability or labral tear which is not suggested by the claimant's reported physical examination findings or by history of injury or current complaints. This test is not medically necessary.