

Case Number:	CM15-0185883		
Date Assigned:	09/28/2015	Date of Injury:	04/03/2012
Decision Date:	11/06/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/21/2015

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: Emergency 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 41 year old female, who sustained an industrial injury on April 3, 2012. The injured worker was diagnosed as having status post left carpal tunnel release (December 2, 2014), status post right carpal tunnel release (September 2, 2014), status post right cubital tunnel release, cubital tunnel syndrome, bilateral medial epicondylitis and left shoulder subacromial impingement syndrome with possible rotator cuff tear. Treatment to date has included diagnostic studies, surgical interventions of the bilateral upper extremities, medications and work restrictions. It was noted her status was temporarily totally disabled on an August 5, 2014 evaluation. Evaluation on April 15, 2015, revealed numbness and tingling in bilateral hands and left shoulder impingement. Phalen's test was positive bilaterally. It was noted nerve studies on November 5, 2013, revealed bilateral carpal tunnel syndrome. Evaluation on May 19, 2015, revealed worsening pain in the left shoulder. It was noted Neer's sign and Hawkin's test were positive with anterior tenderness. It was noted she underwent left shoulder injection. It was noted she was placed on NSAIDs and was referred to physical therapy. The RFA included a request for MRI without Contrast Left Shoulder and was non-certified on the utilization review (UR) on August 28, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without Contrast Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies, Summary.

Decision rationale: As per MTUS ACOEM Guidelines, imaging of shoulders should be considered when there are emergence of red flag (limb or life threatening) findings, evidence of loss of neurovascular function, failure to progress in strengthening program and pre-invasive procedure. Patient fails all criteria. There is no red flags or signs of loss of neurovascular function. There is no plan for surgery. No basic imaging reports were provided. There is no documentation of any conservative care attempted on shoulder. All progress notes tend to concern patient's wrist complaints. No care is noted except for a shoulder injection but there is no response to the injection documented by provider. MRI of left shoulder is not medically necessary.