

Case Number:	CM15-0190798		
Date Assigned:	10/02/2015	Date of Injury:	04/27/2013
Decision Date:	11/16/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/28/2015

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

This 53 year old female sustained an industrial injury on 4-27-13. Documentation indicated that the injured worker was receiving treatment for left hand regional sympathetic dystrophy and chronic regional pain syndrome and bilateral carpal tunnel syndrome. Previous treatment included physical therapy, chiropractic therapy, acupuncture and medications. In a PR-2 dated 5-8-15, physical exam was remarkable for left hand with decreased range of motion with stiffness, swelling and sensitivity to touch, numbness to the dorsum of the left hand and contractures. The treatment plan included requesting a new left hand magnetic resonance imaging, requesting a new pain management specialist proceeding with occupational therapy. In a PR-2 dated 6-5-15, the injured worker complained of "the same sensation in the hands". Physical exam was remarkable for "positive Tinel's and decreased range of motion of the hands". The physician noted that a pain consultation had been authorized and the injured worker had already been seen by the physician for injection for foot pain. In a PR-2 dated 8-14-15, the injured worker complained of worsening left shoulder pain and weakness. Physical exam was remarkable for positive left Tinel's and Phalen's and left shoulder with "poor" range of motion, forward flexion 100 degrees, external and internal rotation 50 degrees with pain, tenderness to palpation at the acromioclavicular joint, deltoids and trapezius and 3 out of 5 motor strength. The physician noted that the injured worker had seen a hand surgeon who recommended no surgery. The treatment plan included request for a pain management referral for the hand, appeal denial of magnetic resonance imaging left hand and requesting authorization for magnetic resonance imaging left shoulder. On 9-4-15, Utilization Review noncertified a request for

magnetic resonance imaging left shoulder and left hand and pain management consultation for left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left shoulder (3.0 TESLA): Upheld

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Assessment, General Approach, Medical History, Physical Examination, Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Magnetic resonance imaging (MRI).

Decision rationale: Regarding the request for MRI of the left shoulder (3.0 TESLA), Occupational Medicine Practice Guidelines state that more specialized imaging studies are not recommended during the 1st month to 6 weeks of activity limitation due to shoulder symptoms except when a red flag is noted on history or examination. Cases of impingement syndrome are managed the same whether or not radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Guidelines go on to recommend imaging studies for physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. ODG recommends MRI of the shoulder for subacute shoulder pain with suspicion of instability/labral tear or following acute shoulder trauma with suspicion of rotator cuff tear/impingement with normal plain film radiographs. Within the documentation, there is no documentation indicating how the patient's subjective complaints and objective findings have changed since the time of the most recent MRI. The requesting physician notes a request for an updated MRI. In the absence of clarity regarding those issues, the currently requested MRI of the left shoulder (3.0 TESLA) is not medically necessary.

MRI of the left hand (3.0 TESLA): Upheld

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

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand and Carpal Tunnel Syndrome Chapters.

Decision rationale: Regarding the request for MRI of the left hand (3.0 TESLA), California MTUS and ACOEM note that imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. More specifically, ODG

notes that MRIs for carpal tunnel syndrome are not recommended in the absence of ambiguous electrodiagnostic studies. In general, they are supported in chronic wrist pain if plain films are normal and there is suspicion of a soft tissue tumor or Kienbock's disease. Within the documentation available for review, there is no clear indication of a condition for which an MRI is supported as noted above or another clear rationale for the use of MRI in this patient. Furthermore, there is no documentation indicating how the patient's subjective complaints and objective findings have changed since the time of the most recent MRI. In the absence of such documentation, the currently requested MRI of the left hand (3.0 TESLA) is not medically necessary.

Pain management consult for the left hand: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for Pain management consult for the left hand, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient has ongoing pain corroborated by physical exam findings. However, pain management consultation has already been done. The patient's current physician seems to feel comfortable prescribing the patient's current medications and there is no discussion regarding any interventional treatments being sought. There is no discussion as to why the patient needs to have another consult with Pain management as opposed to a follow up visit with the pain management doctor the patient has already seen. In light of the above issues, the currently requested Pain management consult for the left hand is not medically necessary.