

Case Number:	CM15-0212589		
Date Assigned:	11/02/2015	Date of Injury:	12/12/2013
Decision Date:	12/15/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/28/2015

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: 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 52 year old male who sustained an industrial injury on 12-12-2013. A review of medical record indicates the injured worker is being treated for right medial epicondylitis, status post-surgical intervention, right carpal tunnel syndrome status post-surgical intervention, and right upper extremity shoulder repetitive strain injury with right third trigger finger. Medical records dated 9-9-2015 noted right upper extremity complaints and pain in the shoulder. He also has pain in the carpal tunnel area. Physical examination noted positive acromial tenderness of the right shoulder. Treatment has included modified work duty, surgical intervention, medications, and physical therapy. Utilization review noncertified MRI of the right shoulder without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the right shoulder without contrast material:
Upheld

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

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 cumulative trauma work injury while working as [REDACTED] with date of injury in December 2013. He sustained injuries to the right shoulder, elbow, wrist, and thumb. A right acromioclavicular joint injection was administered in February 2014. He had x-rays of the right wrist and elbow in March 2014 and October 2014 and x-rays of the right wrist in February 2015. He underwent right carpal tunnel and cubital tunnel release surgery in April 2015. He had improvement in shoulder pain with postoperative physical therapy. In July 2015 diagnoses included a right shoulder strain which had improved. When seen in September 2015, he was continuing to have shoulder pain and carpal tunnel area pain. He was not having numbness or tingling. Physical examination findings included acromial tenderness. He had full shoulder flexion and pain with abduction beyond 100 and pain with external rotation. Authorization is being requested for an MRI scan of the right shoulder to rule out a rotator cuff tear. Applicable indications for obtaining an MRI of the shoulder are acute trauma where there is a suspected rotator cuff tear/impingement with normal x-rays or subacute shoulder pain where instability or a labral tear is suspected. In this case, there is no acute injury and prior plain film x-ray results are not reported. There are no identified red flags and no reported complaints or physical examination findings that suggest instability or labral pathology. The requested left shoulder MRI is not medically necessary.