

Case Number:	CM15-0036160		
Date Assigned:	03/04/2015	Date of Injury:	07/18/2014
Decision Date:	07/07/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/26/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, 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:

The injured worker is a 41-year-old female, who sustained an industrial injury on 7/18/2013. She reported developing pain in the right and left upper extremities. Diagnoses include right lateral epicondylitis, bilateral carpal tunnel syndrome and tendinitis/impingement syndrome, right shoulder. Treatments to date include activity modification, wrist brace, elbow strap, anti-inflammatory medication, physical therapy, acupuncture, and therapeutic injections. Currently, she complained of pain and stiffness in the right shoulder associated with popping, clicking, and grinding. There was also pain and stiffness to the right elbow and bilateral wrists and hands associated with numbness and tingling. On 11/13/14, the physical examination documented tenderness to the right shoulder with decreased range of motion and a positive impingement sign. The right elbow was tender with limited range of motion. The left wrist demonstrated a positive Tinel's and Phalen's test, as did the right. The plan of care included obtaining an MRI of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-219.

Decision rationale: The MTUS Guidelines support the use of MRI when the worker is a surgical candidate, there are signs, and symptoms of a rotator cuff injury, a labral tear in the shoulder, adhesive capsulitis if the diagnosis is unclear, tumor, or an infection involving the shoulder or when surgery is being considered for another specific anatomic shoulder problem. The submitted and reviewed documentation reported the worker was experiencing pain and stiffness in the right shoulder and elbow and pain with numbness and tingling in the wrists and hands. There was no discussion suggesting a condition such as those listed above, indicating the worker was a candidate for surgery, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a MRI of the right shoulder is not medically necessary.