

Case Number:	CM15-0041130		
Date Assigned:	03/11/2015	Date of Injury:	11/13/2012
Decision Date:	05/08/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/04/2015

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: Physical Medicine & Rehabilitation

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 26-year-old female who reported an injury on 11/13/2012. The injured worker reportedly sustained open fractures of the left small and ring finger when her hand became caught in a chopping machine. The current diagnosis is status post crush injury of the left hand, fourth and fifth metacarpals. The injured worker presented on 11/25/2014 for a follow-up evaluation. It was noted that the injured worker had been previously treated with physical therapy. The injured worker presented with complaints of persistent pain. Upon examination, there was full range of motion of the cervical spine, a scar over the left hand from the surgical site, decreased pain and touch sensation over the tissue and into the 4th and 5th digits of the left hand, and full range of motion of the left hand with normal grip strength. Recommendations at that time included continuation of full duty, continuation of ibuprofen, a prescription for gabapentin, and a left shoulder MRI. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder MR arthrogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state, for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. In this case, there was no documentation of a significant functional limitation with regard to the shoulder. There is no evidence of an attempt at conservative management for the shoulder prior to the request for an imaging study. The medical necessity for the requested imaging study has not been established in this case. As such, the request is not medically appropriate.

Ortho consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. In this case, the injured worker does not appear to meet criteria for an orthopedic consultation at this time. There is no documentation of a significant functional limitation. The injured worker has continued to work under full duties without restrictions. The medical necessity has not been established. Therefore, the request is not medically appropriate at this time.