

Case Number:	CM15-0053815		
Date Assigned:	03/27/2015	Date of Injury:	12/08/2011
Decision Date:	05/07/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/20/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 44 year old woman sustained an industrial injury on 12/8/2011. The mechanism of injury is not detailed. Evaluations included undated left shoulder x-rays and MRI and an MRI of the neck. Diagnoses include discogenic cervical condition, upper thoracic sprain, impingement syndrome of the bilateral shoulders, brachial plexus neuritis, bilateral epicondylitis medial and laterally, ulnar neuritis, median nerve neuritis, carpometacarpal joint inflammation, chronic regional pain disorder, depression, sleep disorder, and headaches. Treatment has included oral medications, right shoulder injection, surgical intervention, splinting, elbow sleeve, neck pillow, hot and cold wrap, TENS unit, soft braces and thumb spica splints, and cervical facet injections. Physician notes on a PR-2 dated 2/17/2015 show complaints of pain and stiffness to the left shoulder and neck with shooting pain along the bilateral upper extremities. Recommendations include facet injections, CT scan of the sinuses, Nalfon, Effexor XR, Tramadol ER, LidoPro cream, Lunesta, left shoulder x-ray, hinged elbow brace, and follow up in five weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan of the sinuses: 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 Uptodate: Chronic rhinosinusitis: Clinical manifestations, pathophysiology, and diagnosis.

Decision rationale: Multiplanar sinus CT scans are the preferred imaging study in the evaluation of chronic rhinosinusitis. However, in this injured workers, the MD notes do not document this diagnosis nor any sinus symptoms to justify this imaging study. The medical necessity of a CT scan of the sinuses is not medically substantiated in the records.