

Case Number:	CM15-0056862		
Date Assigned:	04/01/2015	Date of Injury:	04/01/2013
Decision Date:	05/07/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/25/2015

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, Hawaii
 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 51-year-old female, who sustained an industrial injury on 4/01/2013. She reported gradual onset of progressive symptoms including pain, numbness, and tingling to the neck, bilateral upper extremities, including shoulder, elbow, and wrists and hands. Diagnoses include bilateral carpal tunnel syndrome, cervical strain with degenerative disc disease, left shoulder impingement syndrome and left elbow tendonitis. She is status post left side carpal tunnel release in 2/19/14 and right side carpal tunnel release on 1/26/15. Treatments to date include medication therapy, physical therapy, and steroid injections. Currently, being one-week status post carpal tunnel release, she complained of right wrist pain with spasms and tingling. The neck pain was rated 8/10 VAS, with numbness in the right arm, left elbow pain was rated 7/10 VAS. On 2/2/15, the physical examination documented cervical spine muscle guarding and elbow tenderness. The plan of care included a request for authorization of MRI of cervical spine, left shoulder, left elbow, hands and wrists.

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: 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 Official Disability Guidelines (ODG) shoulder, MRI.

Decision rationale: The patient presents with neck pain, bilateral arm pain with numbness in the right arm, left elbow pain and left hand/wrist pain occasionally. The current request is for MRI of the left shoulder. The treating physician states on 2/2/15 (40B) "Requesting authorization for MRI of the cervical spine, left shoulder, left elbow, hand and wrist". The clinical records provided include an MRI report of the left shoulder performed on 11/20/14 (56B). MTUS Guidelines do not address MRI. ODG state "Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology". In this case, the clinical records provided do not document any red flags that would warrant a repeat MRI of the left shoulder. Therefore, the current request is not medically necessary and the recommendation is for denial.