

Case Number:	CM15-0083654		
Date Assigned:	05/05/2015	Date of Injury:	04/15/2014
Decision Date:	06/04/2015	UR Denial Date:	04/11/2015
Priority:	Standard	Application Received:	05/01/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 36 year old female who sustained an industrial injury on 4/15/14 from repetitive motion involving her bilateral wrist, right hand, right shoulder. She complained of bilateral wrist pain, right shoulder pain and numbness in the right hand. She currently complains of (2/13/15) of pain in both hands with sensation that they are falling asleep. She has a pain level of 8/10 in her right wrist/ hand and 5/10 in the left. She has persistent right shoulder pain that radiates to the upper arm with a pain level of 7/10. She has right elbow and cervical pain with pain level of 5/10. On physical exam, she has positive Tinel's to both carpal tunnels; positive Durkin and Phalen's sign at bilateral wrists. Her current medications facilitate maintenance of activities of daily living including self-care, light housework, shopping and cooking. Her medications are Tramadol ER, cyclobenzaprine, naproxen, pantoprazole. Diagnoses include bilateral carpal tunnel syndrome; left middle finger ganglion; right shoulder acromioclavicular osteoarthropathy and subacromial bursitis; right greater than left median neuropathy; rule out right cubital syndrome; cervical myofascial pain. Treatments to date include physical therapy; wrist splints; anti-inflammatory medication. Diagnostics include electromyography/ nerve conduction study (9/29/14) demonstrated moderate right carpal tunnel syndrome and mild left carpal tunnel syndrome and on 12/12/14 showed the right upper extremity consistent with mild right carpal tunnel syndrome and no evidence of ulnar neuropathy, radial neuropathy or cervical radiculopathy. In the progress note dated 2/13/15 the treating provider's plan of care includes request for MRI of the right shoulder to rule out impingement/ rotator cuff pathology. She failed physical therapy to the right shoulder (per 1/23/15) note.

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 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 178, 208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: The ACOEM chapter on shoulder complaints and imaging studies states: Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Reynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment) The provided documentation for review fails to meet the above criteria per the ACOEM. Therefore, the request is not medically necessary.