MAXIMUS Federal Services

Case Number:	CM15-0232853		
Date Assigned:	12/08/2015	Date of Injury:	12/04/2013
Decision Date:	01/19/2016	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/30/2015

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 40 year old female who sustained an industrial injury on December 04, 2013. The worker is being treated for DeQuervain's release times two right wrist with residual right radial superficial neuritis and thumb basilar tendinitis. Subjective: October 16, 2015 she reported continued sensation in the thumb and tingling into the index and middle fingers. Diagnostic: MRI pending authorization September 2015, FCE August 2015. Medication: September 2015: Motrin 3600mg daily and noted of trial of Ultram that did not offer benefit. Treatment: September 2015 pending pain management consultation, medication, modified activity. On October 29, 2015 a request was made for MRI without contrast of the right shoulder that was noncertified by Utilization Review on November 05, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI no contrast right should: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Assessment, Medical History, General Approach, Physical Examination, Diagnostic Criteria,

Work-Relatedness, Initial Care, Activity Modification, Work Activities, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References.

Decision rationale: The MTUS Guidelines support the use of MRI when the worker is a surgical candidate and there are signs and symptoms of a rotator cuff injury, a labral tear in the shoulder, adhesive capsulitis if the diagnosis is unclear, tumor, 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 in the neck with popping, right wrist and thumb pain, right shoulder pain, and tingling in the fingers. These records concluded the worker was suffering from a right rotator cuff injury. There was no discussion suggesting 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 without contrast is not medically necessary.