

Case Number:	CM14-0139671		
Date Assigned:	09/05/2014	Date of Injury:	02/18/2013
Decision Date:	10/09/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/28/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47-year-old female who reported an injury on 02/18/2013. The mechanism of injury was repetitive work. The injured worker underwent electrodiagnostic studies on 03/18/2014, which revealed moderate bilateral compression of the median nerve at the carpal tunnels by electrodiagnostic criteria. The injured worker underwent x-rays and an MRI with results that were not provided. The prior therapies included physical therapy. The surgical history was noncontributory. The documentation of 07/10/2014 revealed the injured worker had complaints of right shoulder pain and bilateral hands numbness and wrist pain. The medications included ibuprofen. The physical examination revealed the injured worker had flexion of 135 degrees on the right shoulder. The injured worker had external rotation of 70 degrees and internal rotation of 35 degrees. There was no tenderness to palpation over the acromioclavicular joint and strength was 5-/5 with the supraspinatus and external rotation. The physician documented he did not have the right shoulder MRI. The diagnoses included right shoulder pain and impingement and bilateral carpal tunnel syndrome moderate. The treatment recommendation included 8 visits of therapy and a request that the results of the MRI of the right shoulder be sent to the physician. Additionally, it was indicated the injured worker wanted to proceed with surgery for bilateral carpal tunnel release. There was no request for authorization submitted for review.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Repeat MRI

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic resonance imaging (MRI)

Decision rationale: The Official Disability Guidelines indicate repeat MRIs are not routinely recommended and should be reserved for a significant change in symptoms or findings suggestive of significant pathology. The clinical documentation submitted for review indicated the injured worker had a previous MRI and the request was made to review the results of the prior MRI. There was no request made for a repeat MRI. Given the above, the request for MRI of the right shoulder is not medically necessary.