

Case Number:	CM14-0147513		
Date Assigned:	09/15/2014	Date of Injury:	10/07/2013
Decision Date:	11/10/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/11/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee, who has filed a claim for neck, shoulder, wrist, and hand pain reportedly associated with an industrial injury of October 7, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; wrist braces; and extensive periods of time off of work. In a Utilization Review Report dated August 13, 2014, the claims administrator approved a cervical MRI, approved a request for Ultram, and denied a request for right shoulder MRI, left shoulder MRI, right wrist MRI, left wrist MRI, right hand MRI, and left hand MRI. The applicant's attorney subsequently appealed. In a progress note dated August 11, 2014, the applicant reported persistent complaints of hand, wrist, thumb, low back, neck, and bilateral shoulder pain, ranging anywhere from 6 to 9/10. Muscle guarding and spasm were reportedly appreciated about the cervical and lumbar spines. Positive Tinel and Phalen signs were noted about the bilateral hands and wrists. The attending provider stated that the applicant had issues suggestive of carpal tunnel syndrome despite earlier negative electrodiagnostic testing of November 26, 2013. The applicant was asked to obtain MRI imaging of the cervical spine, bilateral shoulders, bilateral hands, and bilateral wrists. The applicant was given a diagnosis of subacromial impingement syndrome of the shoulders, it was incidentally noted. Motrin and Prilosec were endorsed, along with pain management consultation. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI RIGHT SHOULDER QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, table 9-6, page 214, routine MRI imaging of the shoulder for evaluation purposes without surgical indications is "not recommended." In this case, the applicant does not appear to be considering or contemplating any kind of surgical intervention insofar as the right shoulder is concerned. The request in question was initiated along with request for MRI imaging of numerous other body parts, implying that the attending provider was, in fact, intent on performing MRI imaging of numerous body parts for evaluation purposes without any intention of acting on the results of the same. Therefore, the request is not medically necessary.

MRI LEFT SHOULDER QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: As noted in MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 214, routine usage of shoulder MRI imaging for evaluation purposes without surgical indications is deemed "not recommended." In this case, the request for left shoulder MRI imaging was made in conjunction with numerous other MRI requests, implying that the attending provider had no intention of acting on the results of the same. There was no mention that the applicant was actively considering or contemplating a surgical remedy insofar as the left shoulder was concerned on or around the date in question. Therefore, the request is not medically necessary.

MRI RIGHT WRIST QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: In this case, the attending provider suggested that the applicant's primary operating diagnosis insofar as the right wrist and right hand are concerned is carpal tunnel syndrome. The applicant apparently has positive Tinel and Phalen signs of the wrist, reportedly suggestive of the same. However, as noted in the MTUS-adopted ACOEM Guidelines in

Chapter 11-6, page 269, MRI imaging is scored 1/4 in its ability to identify and define suspected carpal tunnel syndrome. It is not clear why MRI imaging of the wrist is being sought as it does not appear to be the diagnostic study of choice for suspected operating diagnosis here. Therefore, the request is not medically necessary.

MRI LEFT WRIST QTY: 1:

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: The proposed left wrist MRI is likewise not medically necessary, medically appropriate and indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-6, page 269, MRI imaging is scored a 1/4 in its ability to identify and define suspected carpal tunnel syndrome, the issue seemingly present here. The attending provider wrote that carpal tunnel syndrome appeared to be the primary operating diagnosis insofar as both the left and right wrists were concerned. It is not clear why MRI imaging is being sought as it does not appear to be diagnostic study of choice for the suspected operating diagnosis here. Therefore, the request is not medically necessary.

MRI RIGHT HAND QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines, in Chapter 11, Table 11-6, page 269, MRI imaging is scored a 1/4 in its ability to identify and define suspected carpal tunnel syndrome, the diagnosis reportedly present here. The attending provider alluded to the applicant's having positive Tinel and Phalen's signs at the hand and wrists, suggestive of bilateral carpal tunnel syndrome. Carpal tunnel syndrome was stated as the primary operating diagnosis here. It is not clear why MRI imaging is being sought as it does not appear to be diagnostic study of choice to identify or define the primary suspected diagnosis here. Therefore, the request is not medically necessary.

MRI LEFT HAND QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-6, page 269, MRI imaging is scored a in its ability to identify and define suspected carpal tunnel syndrome, the primary operating diagnosis here. It is not clear why MRI imaging is being sought here as it does not appear to be the diagnostic study of the choice for the primary suspected diagnosis here. Therefore, the request is not medically necessary.