MAXIMUS Federal Services

Case Number:	CM14-0168396		
Date Assigned:	10/16/2014	Date of Injury:	01/12/2011
Decision Date:	11/18/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/13/2014

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 Pain Management 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 injured worker is a 32-year-old female with a date of injury on 1/12/2011. She is diagnosed with (a) left acromioclavicular arthropathy, (b) right shoulder/trapezius myofasciitis, (c) gastritis/gastroesophageal reflux disease (GERD), and (d) right wrist sprain rule out triangular fibrocartilage complex (TFC) tear. She was seen for an evaluation in September 16, 2014. She complained of right shoulder pain. She had a shoulder injection over a year ago, which helped her pain by 80%. She also complained of right wrist pain. Examination of the right shoulder revealed tenderness over the acromioclavicular joint and right upper trapezius with very active trigger point. Range of motion was limited. Examination of the right wrist revealed tenderness over the ulnar styloid aspect.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Acromioclavicular (SAC) Joint Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

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

Decision rationale: The request for Right Shoulder Acromioclavicular (SAC) joint steroid injection is not medically necessary at this time. According to guidelines, steroid injection directed to the shoulder is primarily indicated for rotator cuff diseases, adhesive capsulitis, and impingement syndrome. The injured worker is not diagnosed any of these conditions nor does his clinical findings are suggestive of rotator cuff disease, adhesive capsulitis, or impingement syndrome.

Right Wrist MRI with Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, and MRI's (Magnetic Resonance Imaging)

Decision rationale: The request for Magnetic Resonance Imaging (MRI) scan of the right wrist with contrast is not medically necessary at this time. Indications outlined by guidelines for Magnetic Resonance Imaging (MRI) scan were not met. While the injured worker may have chronic wrist pain, there was documentation that x-ray of the right wrist was obtained and revealed normal findings to necessitate the need for magnetic resonance imaging (MRI) scan of the right wrist with contrast.