

Case Number:	CM13-0061442		
Date Assigned:	12/30/2013	Date of Injury:	05/11/2007
Decision Date:	03/12/2015	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/03/2013

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: New Jersey

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 70 year old female who suffered a work related injury on 05/11/07. Per the physician notes from 10/31/13, she complains of right shoulder, right upper arm, right forearm, right elbow and wrist pain. She also complains of right groin pain. The treatment plan includes x-rays of the right shoulder, elbow and wrist, MRI of the right shoulder and elbow, PF-NCS testing of the upper extremities, physical therapy, acupuncture therapy, initial functional capacity assessment, psychological assessment, shockwave therapy for the right shoulder, TENS unit, right wrist brace, and general surgeon evaluation. On 11/18/13, the Claims Administrator non-certified the MRI of the right shoulder, elbow, and wrist citing MTUS guidelines. The non-certified treatment was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI upper extremity right shoulder, elbow and wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Elbow Chapter, 601-602

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 33-34, 207-209, 268-269.

Decision rationale: The MTUS Guidelines state that special testing such as MRIs for most patients with shoulder problems are not needed unless a four to six-week period of conservative care and observation fails to improve symptoms and are not recommended earlier than this unless red flags are noted on history or examination that raise suspicion of a serious shoulder condition. Muscle strains do not warrant special testing. Even cases of impingement or muscle tears of the shoulder area should be treated conservatively first, and only when considering surgery would testing such as MRI be helpful or warranted. After the initial course of conservative treatment over the 4-6 week period after the injury, MRI may be considered to help clarify the diagnosis in order to change the plan for reconditioning. The criteria for MRI of the shoulder include 1. Emergence of a red flag (intra-abdominal or cardiac problems presenting as shoulder problems), 2. physiologic evidence of tissue insult or neurovascular dysfunction such as cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis, or Raynaud's phenomenon, 3. failure to progress in a strengthening program intended to avoid surgery, and 4. Clarification of the anatomy prior to an invasive procedure such as in the case of a full thickness tear not responding to conservative treatment. The MTUS ACOEM Guidelines also state that for most patients presenting with wrist problems, special studies such as MRI are not needed until after a four to six week period of conservative care and observation. Special imaging studies may be considered in cases of suspected fracture, ligament rupture, recurrent ganglion, suspected infection or autoimmune disease. The MTUS ACEOM Guidelines state that for most patients presenting with elbow problems, special studies are not needed unless a period of at least 4 weeks of conservative care and observation fails to improve their symptoms. MRI may be warranted if any red flag diagnosis is suspected. Other reasons to consider MRI may include: 1. For patients with limitations of activity after 4 weeks and unexplained physical findings such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and revise the treatment strategy if appropriate. Imaging findings should be correlated with physical findings, and 2. for a patient whose limitations due to consistent symptoms have persisted for 1 month or more who are considering surgery for a specific anatomic defect or for those who require further evaluation of potentially serious pathology, such as a possible tumor, when the clinical examination suggests the diagnosis. In this case, the worker, regarding her right shoulder, right elbow, and right wrist injuries, there was no recent evidence to suggest a red flag diagnosis in each of these areas where she reported pain and decreased function. There was also insignificant reporting found in the documentation of the previous treatment methods and strategies and whether they had failed, besides mentioning physical therapy having helped these areas in the past. Also, there was no discussion of planning on performing surgery on each of these areas to warrant imaging. Also, there seemed to be no significant change in her reported symptoms which might have warranted imaging to reconsider the diagnoses already given her. Therefore, the MRI of the right shoulder, right elbow, and right wrist will be considered medically unnecessary.