MAXIMUS Federal Services

Case Number:	CM14-0216713		
Date Assigned:	01/06/2015	Date of Injury:	05/08/2014
Decision Date:	03/04/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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: 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:

On 05/08/2014, this 39 year old laborer who worked as a vegetable picker sustained a repetitive movement injury to the left arm and wrist while cutting vegetables. As a result of the injury the injured worker (IW) experienced pain in the left arm and wrist. On examination after the incident, the Injured Worker had tenderness in the left wrist. At the time of the first examination the Injured Worker had x-rays which were normal, and was treated with oral anti-inflammatories, splinting of the wrist and modified duty. The initial diagnosis was left forearm tendinitis. On 06/27/2014, the Injured Worker had a functional capacity assessment (FCE). The Injured Worker was not working at the time of the assessment. At that time the Injured Worker rated pain as an 8 on a scale of 10.A recommendation from that FCE was for work conditioning, work hardening or 6-8 weeks of prescribed treatment and or therapy, and continuation of a light duty assignment. On 08/21/2014, the Injured Worker had subjective complaints of constant severe sharp, stabbing, throbbing, burning left fingers pain and left wrist pain with numbness and tingling. Pain was described as constant, moderate, achy, stabbing, throbbing, burning and tingling pain in the left elbow, and similar pain was complained of in the lumbar spine. Objectively there was tenderness to palpation of the lumbar paravertebral muscles. No bruising, swelling, atrophy or lesion was present at the left elbow or left wrist, but there was tenderness to palpation in the medial left elbow, painful range of motion of the left wrist, and tenderness to palpation of the volar wrist. Diagnosis at that time was lumbago, rule out lumbar disc protrusion, rule out lumbar radiculitis versus radiculopathy, left ulnar nerve entrapment, rule out left lateral epicondylitis, rule out left carpal tunnel syndrome, and rule out left wrist internal derangement.

Acupuncture, topical compounded ointments, chiropractic treatment, physical therapy, Extracorporeal Shock Wave Therapy (ESWT) and Transcutaneous Electrical Nerve Stimulation (TENS) were ordered for the left elbow/wrist pain and lumbar spine. A MRI of the left shoulder was performed 09/09/2014, a MRI of the left hand was done 09.09/2014, and a MRI of the cervical spine was also done 09/09/2014. The MRI of the cervical spine showed a 1mm central disc protrusion at C5-6. The MRI of the left shoulder showed supraspinatus tendinosis and the MRI of the left hand showed volar flexor tendinopathy of the index and middle finger. On 10/02/2014, the subjective complaints were occasional moderate left elbow pain with associated numbness tingling and weakness and constant left wrist pain with associated numbness tingling and weakness. On exam there was no tenderness to palpation except for the anterior forearm and lateral forearm, there was a positive Tinel's, and range of motion was noted to be painful with flexion at 140 and extension at 0. Examination of the left wrist showed tenderness to palpation of the mid palm, and range of motion was full and painful. Examination of the left wrist showed tenderness to palpation of the mid palm, and range of motion was noted to be full and painful. There was tenderness to palpation of the anatomical snuffoox, lateral wrist, thenar and volar wrist. There was a positive Tinel's and a positive Finkelstein's. The Injured Worker was diagnosed with left elbow pain, left de Quervain's disease, left wrist pain, rule out left carpal tunnel syndrome, and left tenosynovitis. On 11/17/2014 a Request for Authorization was made for a MRI of the left shoulder. The Utilization Reviewing adviser reviewed 77 pages of medical and administrative records dated from 08/21/2014 through 10/02/2014. A Utilization Review UR) decision letter was issued 12/05/2014 that non-certified the request for MRI of the left shoulder. The request was determined to be not medically necessary as requested due to inadequate documentation of need. California Medical Treatment Utilization Schedule (CA-MTUS) Chapter 9, page 207 was referenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208 and 214.

Decision rationale: MRI of the shoulder is recommended for preoperative evaluation of partial thickness or large full thickness rotator cuff tears. The primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. In this case there was no indication for MRI of the left shoulder and in particular no indication for a repeat MRI 2 months apart. An MRI of the left shoulder was performed on 9/9/2014. The repeat MRI requested on 11/17/2014 was not medically necessary. There is no indication of new findings, change in symptoms, or the need for clarification of anatomy prior to surgery for which this repeat MRI would be required.