

Case Number:	CM14-0050108		
Date Assigned:	07/07/2014	Date of Injury:	03/25/2008
Decision Date:	07/02/2015	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/17/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old male, who sustained an industrial injury on 03/25/2008. He has reported subsequent bilateral shoulder, left ankle, bilateral knee, neck, and bilateral upper extremity pain and was diagnosed with right cubital tunnel syndrome, right shoulder impingement, bilateral forearm tendinitis, trapezial and paracervical strain, Dupuytren's nodules of the left palm and status post right carpal tunnel release with ulnar nerve decompression at the wrist. Treatment to date has included oral pain medication, chiropractic treatment and surgery. In a progress note dated 01/21/2014, the injured worker was noted to be 2 weeks status post right cubital tunnel release and to be in a long arm cast. Objective findings were notable for a well healed wound without evidence of infection and slight swelling and stiffness. The injured worker's cast and sutures were removed. A request for authorization of MRI of the right shoulder and right elbow was submitted.

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: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Chapter 9, Shoulder Complaints, Special Studies and Diagnostic Considerations, page 209.

Decision rationale: The exam is without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support imaging request. Guidelines state routine MRI or arthrography is not recommended without surgical indication such as clinical findings of rotator cuff tear. It may be supported for patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning; however, this has not been demonstrated with lack of neurological deficits. Criteria for ordering imaging studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the right shoulder is not medically necessary and appropriate.

MRI of the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34, 235. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Chapter Elbow Disorder, Special Studies and Diagnostic, pages 601- 602.

Decision rationale: Exam showed well healed wound with infection and only slight swelling and stiffness post surgical release without red-flag conditions. Criteria for ordering imaging studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure, not identified post surgical procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the right elbow is not medically necessary and appropriate.