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| Case Number: | CM15-0014651 | | |
| Date Assigned: | 02/02/2015 | Date of Injury: | 11/13/2014 |
| Decision Date: | 03/27/2015 | UR Denial Date: | 01/12/2015 |
| Priority: | Standard | Application Received: | 01/26/2015 |

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, Arizona

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 37-year-old female who reported injury on 11/13/2014. Her mechanism of injury was vacuuming. Her diagnoses included sprain/strain of right shoulder, tenosynovitis of the right wrist. Her medications were not included. Her surgical history was not included. The progress report of 01/12/2015 documented the injured worker had complaints of pain she rated at a 5/10 to the right shoulder. On physical exam, it was noted there was no deformity of the right clavicle, tenderness noted to the right sternoclavicular and acromioclavicular joints with mild pain. There was no subluxation of the right sternoclavicular and right acromioclavicular joints. No muscle spasms of the right trapezius, deltoid, upper extremity muscles were noted. There is tenderness of the right biceps tendon and rotator cuff. There was full range of motion of the right shoulder with flexion to 180 degrees, extension to 50 degrees, abduction to 180 degrees, adduction to 50 degrees, and internal and external rotation to 90 degrees. The right wrist was stable, with no deformity noted. Flexor surface of the right wrist was nontender as well as extensor surface of the right wrist. The CMC joint of the right thumb is nontender and stable. No crepitation noted to the right wrist. Full range of motion to the right wrist was recorded at dorsiflexion to 70 degrees, volar flexion to 80 degrees, radial deviation to 25 degrees, ulnar deviation to 35 degrees, and pronation/supination to 90 degrees. There is 5/5 muscle strength in the right wrist. Impingement testing for the right rotator cuff was negative. Bicipital, brachial radialis, and tricipital deep tendon reflexes are 4/4 in the left upper extremities and right upper extremities. There is a negative Phalen's and Tinel's test to the right wrist. Finkelstein's test is negative for right stenosing tenosynovitis. Carpal compression testing is negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The request for MRI Right Shoulder is not medically necessary. The ACOEM guidelines state the primary criteria for ordering imaging studies are emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems), physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon), failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). There is a lack of documentation regarding the emergence of a red flag, there is a lack of documentation of physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program, or a clarification of the anatomy needed prior to an invasive procedure. Therefore, the request for MRI of the right shoulder is not medically necessary.