

Case Number:	CM15-0116244		
Date Assigned:	06/24/2015	Date of Injury:	03/17/2013
Decision Date:	07/29/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/16/2015

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
 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 52 year old male, who sustained an industrial injury on 3/17/13. He reported initial complaints of a left upper extremity. The injured worker was diagnosed as having pain in joint involving shoulder region; pain in soft tissue of limb. Treatment to date has included surgery to the left hand/fingers 4th and 5th; medications. Diagnostics included x-rays left hand/wrist/fingers (3/17/13). Currently, the PR-2 notes dated 4/16/15 indicated the injured worker complains of left shoulder and left wrist pain. Since his time of injury, he has had significant pain in his left shoulder and left upper extremity. At this time, he rates his pain as 6/10 and is exacerbated by lifting. Cold weather increases his pain and nothing makes it better. He has difficulty staying asleep due to pain and wakes up due to pain at night. He is unable to sleep on his left side due to this pain he reports. The left wrist/hand fingers are noted as a crush type injury to his left 4th and 5th fingers with a partial amputation of his left 5th finger. He continues to have significant pain in the left wrist, hand and 4th and 5th fingers. He describes this pain as a 6/10 and is exacerbated by lifting and cold temperatures and nothing has helped his pain. At the time of injury, he was taken to the emergency room and x-rays noted the comminuted terminal tuft fracture of the left 5th digit. These records note the injured worker has multiple surgeries with too many to list. On physical examination, the provider notes there is limited range of motion of the left shoulder in all directions with tenderness over the left shoulder joint, tendons and musculature. He has tenderness over the left wrist, hand and 4th and 5th fingers. He has normal sensation to the bilateral arms with motor strength 5/5 in all regions. The provider is requesting a MRI of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the left shoulder: Upheld

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

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

Decision rationale: This patient receives treatment for chronic pain involving the finger of the left hand and the left shoulder. This relates back to an injury on the job on 03/17/2013. This review addresses a request for an MRI of the left shoulder. The documentation of the physical exam for the left shoulder states that there is a reduced ROM and tenderness about the shoulder joint. There is no documentation of a shoulder x-ray or any results of conservative treatment. There is no evidence in the documentation of any recent new shoulder injury or impingement phenomena unresponsive to conservative therapy, nor any clinical "red flags," such as, primary or metastatic cancer, osteomyelitis, or other infectious entities. A shoulder MRI is not medically necessary.