

Case Number:	CM15-0117287		
Date Assigned:	06/25/2015	Date of Injury:	07/26/2005
Decision Date:	07/28/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/17/2015

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, North Carolina
 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:

This 62 year old female sustained an industrial injury on 7/26/05. She subsequently reported bilateral upper extremities and neck pain. Diagnoses include pain in joint shoulder, carpal tunnel syndrome, cervicgia and pain in joint forearm. Treatments to date include carpal tunnel release surgery. The injured worker continues to experience cervical spine and right hand pain. Upon examination, there is decreased range of motion in the cervical spine and right wrist. Tenderness was noted in the paraspinous and over TFC and over first dorsal. Spurling's testing produced pain in the right shoulder. Neer, Hawkins and O'Brien testing was positive in the right shoulder. A request for MRI of the cervical spine, MRI of the right shoulder and MRI of the right wrist were made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

Decision rationale: The patient's date of injury was 10 years ago. She complains of chronic neck pain. ACOEM guidelines state that criteria for imaging studies 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 and clarification of anatomy prior to a procedure. In this case, the patient had an MRI of the C-spine in September 2012. There have been no significant changes in symptoms or physical exam findings in the interim. Repeat MRIs are not routinely recommended and should be reserved for cases suggestive of significant pathology, such as tumor, infection, fracture, neurocompression and recent disc herniation. This patient does not meet the criteria for a repeat MRI of the cervical spine. The request is not medically necessary.

MRI of the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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): 207-209.

Decision rationale: This patient has chronic right shoulder pain with a previous MRI of the shoulder in September 2012. The request is for a repeat MRI of the right shoulder. In the interim, there have been no significant changes in symptoms or physical exam findings in the right shoulder. Repeat MRI is not routinely recommended and should be reserved for significant changes in symptoms or findings suggestive of significant pathology, such as tumor, infection, fracture, neurocompression or recent disc herniation. This patient does not meet criteria for a repeat MRI and the medical necessity of the request is not established. The request is not medically necessary.

MRI of the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-270.

Decision rationale: The request is for an MRI of the right wrist in a patient with a past history of carpal tunnel release surgery on the right who complains of numbness in the right hand. It is not clear from the records whether an MRI was performed in the past. There is no evidence of recent wrist injury. There is no evidence of nerve impingement in the right wrist as demonstrated by EMG/NCV. There are no red flags necessitating MRI. The request is not medically necessary.