

Case Number:	CM15-0127001		
Date Assigned:	07/13/2015	Date of Injury:	06/20/2011
Decision Date:	08/18/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	07/01/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 47-year-old male, who sustained an industrial injury on 6/20/11. He reported pain in his chest, left ribs, low back, right shoulder, right leg and both hands. The injured worker was diagnosed as having right wrist and right scaphoid fractures and chest wall contusion. Treatment to date has included urine drug screen, x-rays, MRI, physical therapy, splint, medication and nerve conduction study. Currently, the injured worker complains of right shoulder pain with most reaching movements and weakness when using his right arm for forceful activities, such as hammering nails. This activity also causes right wrist pain. He also reports low back pain that is frequent to continuous. The pain radiates down the right lower extremity to his calf. The injured worker is diagnosed with history of multiple fractures, right shoulder labral tear, lumbar spine strain, bilateral shoulder impingement syndrome and uncontrolled diabetes. His work status is temporary total disability. A note dated 4/14/15 states there is decreased range of motion in the injured worker's shoulders, bilaterally and lumbar spine. There is tenderness noted over the wrist flexion/extension crease bilaterally. His grip strength is decreased (left greater than right). A note dated 3/3/15 states the injured worker reports his pain level in 8/10 for his right shoulder, right and left wrist. His low back pain is rated at 6/10. The shoulder pain radiates to his neck and chest and the bilateral wrist pain is associated with numbness and tingling. There is a decreased range of motion in the shoulders bilaterally with positive impingement tests. The hands and wrists are positive for tenderness to palpation. An MRI of the right shoulder, right wrist and left wrist (all single positional) is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Single Positional MRI of Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-9.

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

Decision rationale: This 47 year old male has complained of rib pain, low back pain, wrist pain and right shoulder pain since date of injury 6/20/11. He has been treated with physical therapy and medications. The current request is for single positional MRI of the right shoulder. There has been no documented change in patient symptomatology or change in objective findings since the completion of the patient's last MRI of the right shoulder. On the basis of the available medical records and per the ACOEM guidelines cited above, right shoulder MRI is not medically necessary.

Single Positional MRI of Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: This 47 year old male has complained of rib pain, low back pain, wrist pain and right shoulder pain since date of injury 6/20/11. He has been treated with physical therapy and medications. The current request is for single positional MRI of the right wrist. Per the ACOEM guidelines cited above, MRI of the wrist is not indicated in the evaluation of chronic wrist complaints except in the case of suspected infection. There is no documentation of such in the medical records. On the basis of the available medical records and per the ACOEM guidelines cited above, MRI of the right wrist is not medically necessary.

Single Positional MRI of Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: This 47 year old male has complained of rib pain, low back pain, wrist pain and right shoulder pain since date of injury 6/20/11. He has been treated with physical therapy and medications. The current request is for single positional MRI of the left wrist. Per the

ACOEM guidelines cited above, MRI of the wrist is not indicated in the evaluation of chronic wrist complaints except in the case of suspected infection. There is no documentation of such in the medical records. On the basis of the available medical records and per the ACOEM guidelines cited above, MRI of the left wrist is not medically necessary.

EMG/NCV Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 265.

Decision rationale: This 47 year old male has complained of rib pain, low back pain, wrist pain and right shoulder pain since date of injury 6/20/11. He has been treated with physical therapy and medications. The current request is for EMG/NCV bilateral upper extremities. The available medical records do not contain documentation of provider rationale for obtaining bilateral upper extremity EMG/NCV. There is no documentation in the medical records of objective findings, which support the presence of a neuropathic process. On the basis of the available medical records and per the ACOEM guidelines cited above, bilateral upper extremity EMG/NCV is not medically necessary.