

Case Number:	CM15-0174296		
Date Assigned:	09/16/2015	Date of Injury:	10/01/2007
Decision Date:	10/16/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/04/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 female, who sustained an industrial injury on October 1, 2007. On August 6, 2015, the injured worker reported back pain and spasms with radiation of pain into her knee and ankle. She reported numbness and pain in the right hand, which radiated up to her shoulder. She reported that her medications have been helpful. On physical examination, the injured worker had positive Tinel's and Phalen's tests and numbness and swelling. She had no acute neurological changes and her overlying skin looked good. She had a positive impingement sign of the right shoulder and painful arc. She had tenderness over the acromial bursa and tenderness to palpation over the lumbar spine with spasm. The injured worker was diagnosed as having right shoulder sprain with contusion and with possible internal derangement, right wrist-hand sprain-contusion with possible internal derangement. Treatment to date has included physical therapy, medications and diagnostic imaging. A request for authorization for an MRI of the right hand, right wrist and right shoulder was received on August 3, 2015. On August 11, 2015, the Utilization Review physician determined an MRI of the right hand, right wrist and right shoulder was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right hand/right wrist/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, Hip Chapter, MRI, Neck and Upper Back, MRI & Forearm, Wrist and Hand Chapter, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, wrist/hand sections, under MRI.

Decision rationale: This claimant was injured in 2007 with a right shoulder sprain with contusion and possible internal derangement, and a right wrist-hand sprain-contusion with possible internal derangement. Tinel's and Phalen's tests were positive. There was prior diagnostic imaging, but the outcomes are unknown. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding MRI of the wrist and hand, the ODG notes: Recommended as indicated below. While criteria for which patients may benefit from the addition of MRI have not been established, in selected cases where there is a high clinical suspicion of a fracture despite normal radiographs, MRI may prove useful. (ACR, 2001) Indications for imaging Magnetic resonance imaging (MRI): Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required, Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required, Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury), Chronic wrist pain, plain films normal, suspect soft tissue tumor: Chronic wrist pain, plain film normal or equivocal, suspect Kienbock's disease, Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008) In this case, the criteria and the normal plain x-rays are not noted. The MTUS was silent on shoulder MRI. Regarding shoulder MRI, the ODG notes it is indicated for acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs OR for sub-acute shoulder pain, suspect instability/labral tear. It is not clear what orthopedic signs point to a suspicion of instability or tearing, or if there has been a significant progression of objective signs in the shoulder to support advanced imaging. The requests are appropriately not medically necessary.