

Case Number:	CM15-0177368		
Date Assigned:	09/18/2015	Date of Injury:	02/23/1996
Decision Date:	10/21/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/10/2015

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: 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:

The injured worker is a 49 year old male, who sustained an industrial injury on 2-23-96. Medical record indicated the injured worker is undergoing treatment for bilateral cubital tunnel syndrome, possible intraarticular loose bodies in bilateral elbows, bilateral hallux valgus deformities with right first MTP joint arthrosis, left shoulder glenohumeral arthritis and left hip osteoarthritis. Treatment to date has included physical therapy and activity modifications. (EMG) Electromyogram studies performed on 8-27-15 revealed mild bilateral ulnar neuropathies at the wrists, mild slowing of bilateral ulnar motor conduction and slightly delayed, reduced bilateral ulnar digit 5 sensory responses. (MRI) magnetic resonance imaging of left elbow performed on 8-12-15 revealed abnormal appearance to the medial elbow likely due to old complete or partial tears of common flexor tendon and ulnar collateral ligament wit joint effusion. On 6-8-15 the injured worker complains of increasing pain in left hip after starting therapy for his hip and lower back, bilateral elbow pain along the medial aspect of his elbows and radiates with paresthesias down the ulnar nerve distribution to his hands with difficulty grasping and holding onto objects secondary to numbness and weakness, intermittent popping and catching in his hip and bilateral foot pain along the medial eminences of his great toes as well as his feet for several years and on 8-21-15 he reported pain along the medial aspect of his elbow with some radiation of pain into his hand, complains of left shoulder pain (with 2 prior surgeries on this joint) pain is at night and is intermittent popping, catching and locking in the shoulder and he complains of popping, catching and left hip pain. Physical exam performed on 6-8-15 revealed full range of motion of bilateral elbows with decreased sensation in the ulnar nerve distributions of his hands, limited

range of motion of left hip and prominence of the medial eminences of both feet right worse than left and pain primarily about the MTP joints of his great toes bilaterally and on 8-21-15 revealed crepitus of glenohumeral joint on range of motion of left shoulder, tenderness along the medial epicondyle of right elbow and pain on range of motion of left hip. Treatment plan on 8-21-15 included (EMG) Electromyogram-(NCV) Nerve Condition Velocity studies, (MRI) magnetic resonance imaging of left shoulder and left hip and follow up appointment. On 9-8-15 utilization review non-certified (MRI) magnetic resonance imaging of left shoulder noting repeat (MRI) magnetic resonance imaging is not routinely recommended and should be reserved for a significant change in symptoms and or findings suggestive of significant pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the left 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.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: The ACOEM chapter on shoulder complaints states: 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. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). The patient has no red flags on exam. There are no new tissue insult findings and no failure to progress in a strengthening program. Therefore the request is not medically necessary.