

Case Number:	CM15-0067669		
Date Assigned:	04/15/2015	Date of Injury:	07/09/2009
Decision Date:	05/19/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/09/2015

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: Internal 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 27 year old female, who sustained an industrial injury on July 9, 2009. Treatment to date has included carpal tunnel surgery, heat/cold therapy, modified activities, medications and diagnostic imaging. Currently, the injured worker complains of tenderness along the wrist joint, her ulnar styloid is symptomatic and she has tenderness at the base of the thumb and at the radio scaphoid joint. Diagnoses associated with the request included carpal tunnel syndrome, impingement of the bilateral shoulders, discogenic cervical condition, cervicogenic headaches and chronic pain. Her treatment plan includes a stronger TENS unit, MRI of the bilateral shoulders, neck pillow, soft/rigid braces for the left wrist, medications and topical creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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): 209, 212-214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Magnetic resonance imaging (MRI).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses shoulder MRI magnetic resonance imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 9 Shoulder Complaints state that relying only on imaging studies to evaluate the source of shoulder symptoms carries a significant risk of diagnostic confusion (false-positive test results). MRI is recommended for preoperative evaluation of rotator cuff tears. Routine MRI without surgical indications is not recommended. Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) state that there were high rates of inappropriate examinations for shoulder MRIs in patients with no histories of trauma and documented osteoarthritis on plain-film radiography. Indications for imaging magnetic resonance imaging (MRI) include acute shoulder trauma, suspected rotator cuff tear/impingement, with normal plain radiographs. The progress report dated March 10, 2015 documented a physical examination, which demonstrated tenderness along the wrist joint. The patient could make a fist. The ulnar styloid was symptomatic. Tenderness at the base of the thumb was noted. Tenderness at the radioscaphoid joint was noted. The progress report did not document physical examination of the shoulders. No plain film X-rays of the shoulders were documented. Because physical examination of the shoulders was not documented in the 3/10/15 progress report, the request for MRI magnetic resonance imaging of bilateral shoulders is not supported by MTUS guidelines. Therefore, the request for MRI of the left shoulder is not medically necessary.

MRI of the right 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): 209, 212-214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Magnetic resonance imaging (MRI).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses shoulder MRI magnetic resonance imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 9 Shoulder Complaints state that relying only on imaging studies to evaluate the source of shoulder symptoms carries a significant risk of diagnostic confusion (false-positive test results). MRI is recommended for preoperative evaluation of rotator cuff tears. Routine MRI without surgical indications is not recommended. Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) state that there were high rates of inappropriate examinations for shoulder MRIs in patients with no histories of trauma and documented osteoarthritis on plain-film radiography. Indications for imaging magnetic resonance imaging (MRI) include acute shoulder trauma, suspected rotator cuff tear/impingement, with normal plain radiographs. The progress report dated March 10, 2015 documented a physical examination, which demonstrated tenderness along the wrist joint. The patient could make a fist. The ulnar styloid was symptomatic. Tenderness at the base of the thumb was noted. Tenderness at the radioscaphoid joint was noted. The progress report did not document physical examination of the shoulders. No plain film X-rays of the shoulders were documented. Because physical examination of the shoulders was not documented in the 3/10/15 progress report, the request for MRI magnetic resonance imaging of bilateral shoulders is not supported by MTUS guidelines. Therefore, the request for MRI of the right shoulder is

not medically necessary.