

Case Number:	CM15-0069253		
Date Assigned:	04/16/2015	Date of Injury:	04/04/2014
Decision Date:	05/15/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/13/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 30 year old female, who sustained an industrial injury on 4/04/2014. She reported repetitive type injuries to bilateral upper extremities including the shoulders, elbows, wrists and hands. Diagnoses include right elbow strain, bilateral carpal tunnel syndrome, and chronic pain syndrome. Treatments to date include orthotic braces, medication therapy, and physical therapy. Currently, she complained of no changes in symptoms involving right elbow/forearm, right wrist and left wrist. On 2/4/15, the physical examination documented decreased sensation to the left shoulder, left thumb, and finger tips. The plan of care included consultation follow up with pain management. A utilization review determination dated January 19, 2015 recommends a certification for pain consult and orthopedic consult. Progress report dated December 11, 2014 identifies "physical examination on change."

IMR ISSUES, DECISIONS AND RATIONALES

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

Testing: MRI of bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic resonance imaging (MRI).

Decision rationale: Regarding the request for MRI of the shoulder, Occupational Medicine Practice Guidelines state that more specialized imaging studies are not recommended during the 1st month to 6 weeks of activity limitation due to shoulder symptoms except when a red flag is noted on history or examination. Cases of impingement syndrome are managed the same whether or not radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Guidelines go on to recommend imaging studies for physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. ODG recommends MRI of the shoulder for subacute shoulder pain with suspicion of instability/labral tear or following acute shoulder trauma with suspicion of rotator cuff tear/impingement with normal plain film radiographs. Within the documentation available for review, it does not appear the patient has failed conservative treatment options. Furthermore, it is unclear how an MRI will change the patient's current treatment plan. In the absence of clarity regarding those issues, the currently requested shoulder MRI is not medically necessary.

Testing: MRI of left elbow: 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 10 Elbow Disorders (Revised 2007) Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, MRIs.

Decision rationale: Regarding the request for MRI of the elbow, California MTUS supports imaging studies to clarify the diagnosis if the medical history and physical examination suggest specific disorders. ODG supports the use of MRI of the elbow for chronic pain when plain film radiographs are negative and specific disorders are being considered. Within the documentation available for review, the diagnoses being suggested by the treating physician include neuropathic pain issues. These problems generally do not require MRI for diagnosis. Additionally, guidelines support the use of elbow imaging for chronic pain when plain films are non-diagnostic. No plain film radiographs have been included for review, and there is no suggestion of any diagnoses for which urgent MRI of the elbow would be indicated. Finally, it is unclear how the currently requested MRI will change the current treatment plan. In the absence of clarity regarding those issues, the currently requested MRI of the elbow is not medically necessary.

Testing: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand and Carpal Tunnel Syndrome Chapters.

Decision rationale: Regarding the request for MRI of the wrist, California MTUS and ACOEM note that imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. More specifically, ODG notes that MRIs for carpal tunnel syndrome are not recommended in the absence of ambiguous electrodiagnostic studies. In general, they are supported in chronic wrist pain if plain films are normal and there is suspicion of a soft tissue tumor or Kienbock's disease. Within the documentation available for review, there is no clear indication of a condition for which an MRI is supported as noted above or another clear rationale for the use of MRI in this patient. Additionally, no physical exam findings suggesting serious pathology have been identified. In the absence of such documentation, the currently requested MRI of the wrist is not medically necessary.