

Case Number:	CM15-0072895		
Date Assigned:	04/23/2015	Date of Injury:	12/24/2006
Decision Date:	06/11/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/16/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 55 year old female who sustained an industrial injury on 12/24/06 when she tripped over a cord and fell injuring her right upper chest, thorax, knees and left side of face. She currently complains of right sided neck pain radiating down the right arm with numbness and tingling of the entire hand; she sees improvement in her left shoulder after two sessions of physical therapy; she has low back pain and numbness radiating down her right leg to the toes. She currently uses over the counter supplements with the exception of levothyroxine. Industrial related diagnoses include cervical spondylosis C5-6 and radiculopathy right greater than left; multiple peripheral neuropathies, upper extremities; neurogenic thoracic outlet syndrome; bilateral carpal tunnel syndrome, status post right carpal tunnel release; bilateral acromioclavicular arthritis, status post right distal clavicle resection; lumbar spondylosis; right sciatica; neuralgia paresthetica; gastroesophageal reflux disease; chronic sprain right lateral ankle and foot; anxiety; depression; obesity; chondromalacia both knees; intolerance to multiple medications; thoracic outlet syndrome right greater than left. Treatments to date include physical therapy which caused migraine headache so she stopped going to physical therapy; hot showers help her move her extremity; ice for low back pain after walking; transcutaneous electrical nerve stimulator unit. Diagnostics include multiple x-rays and MRI's of the body parts injured per PR-2 dated 3/26/15. In the progress note dated 3/26/ 15 and 4/1/15 the treating provider's plan of care requests MRI/MRV/ MRA to evaluate her thoracic outlets, even if she has to self procure the chest x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI, MRV/MRA: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 182.

Decision rationale: In this case, there is a new request for MRI, MRV/MRA. However, the referral to this specialist was done one year ago and it is not clear from the medical documentation if this imaging has already been performed. At this point, the request for MRI, MRV/MRA is possibly redundant. The request for MRI, MRV/MRA is not medically appropriate and necessary.