

Case Number:	CM15-0094220		
Date Assigned:	05/20/2015	Date of Injury:	03/12/2014
Decision Date:	06/30/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/15/2015

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: 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 44 year old female, who sustained an industrial injury on March 12, 2014. She reported lifting two rolls of labels with the sudden onset of pain over the right shoulder along with pain over the right wrist. The injured worker was diagnosed as having right worse than left bilateral impingement syndrome, right shoulder rotator cuff syndrome, and right worse than left bilateral carpal tunnel syndrome. Treatment to date has included physical therapy, electrodiagnostic studies, steroid injections, chiropractic treatments, x-rays, and MRIs, and medication. Currently, the injured worker complains of right shoulder pain and stiffness and bilateral wrists with tingling, numbness, and pain in both hands, right worse than left. The Initial Orthopedic Consultation dated April 1, 2015, noted the injured worker with mild tenderness over the right paraspinal cervicodorsal area with muscle spasm. Examination of the shoulders was noted to show diffuse tenderness over the right shoulder with mild tenderness noted over the acromioclavicular joint area of the left shoulder, with painful range of motion (ROM) of the right more than left shoulder. Tenderness was noted over the volar surface of both wrists with pain over the wrist area during the extreme range of motion (ROM) of the wrists. Decreased sensation to pinprick was noted over the thumb, index, and middle finger on both hands with weakness of grip strength. The injured worker was noted to be temporarily totally disabled. The treatment plan was noted to include x-rays of both shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Overturned

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 rationale: Per the MTUS Guidelines, the criteria for ordering imaging studies of the shoulder include emergence of a red flag, 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. The clinical documents provided reveal evidence of neurovascular dysfunction as well as participation in a strengthening program. The injured worker has been injured for over a year. The request for MRI of the right shoulder is determined to be medically necessary.