

Case Number:	CM13-0007419		
Date Assigned:	03/19/2014	Date of Injury:	05/22/2013
Decision Date:	05/12/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/06/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for low back, neck, shoulder, elbow, wrist, hand, finger, knee, and ankle pain reportedly associated with cumulative trauma at work first claimed on May 22, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of chiropractic manipulative therapy; attorney representation; transfer of care to and from various providers in various specialties; and extensive periods of time off of work, on total temporary disability. In a utilization review report of July 19, 2013, the claims administrator denied a request for MRI imaging of the wrists, knees, shoulders, and lumbar spine. The applicant's attorney subsequently appealed. In a progress note of July 1, 2013, the applicant's primary treating provider (PTP), a chiropractor, noted that the applicant had ongoing complaints of wrist, hand, finger, shoulder, neck, low back, knee, and ankle pain with associated stiffness. The primary treating provider did note that the applicant had some radiating pain pertaining to both the neck and lower back. Limited shoulder range of motion was noted with flexion in the 100-degree range bilaterally. Decreased grip strength was noted with positive Tinel and Phalen signs noted. Well-preserved knee range of motion was noted. The attending provider wrote, somewhat incongruously, that the applicant's response to chiropractic treatment and physical therapy was satisfactory. Additional manipulative therapy and physical therapy were sought while the applicant was placed off of work, on total temporary disability. MRI imaging of the cervical spine, lumbar spine, wrists, shoulders, and knees was sought. Little or no narrative commentary was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: The Expert Reviewer's decision rationale: While the MTUS Guideline in ACOEM Chapter 9, Table 9-6, does note that MRI imaging of shoulder is "recommended" in the preoperative evaluation of partial thickness and large full thickness rotator cuff tears, in this case, however, the applicant's primary treating provider is a chiropractor, not a surgeon. There is no evidence that the applicant is intent on pursuing a surgical remedy insofar as either shoulder is concerned. There is no clear evidence that the applicant has rotator cuff tear and/or is actively considering or contemplating shoulder surgery. Rather, the applicant's multifocal pain complaints and allegation of cumulative trauma does not seemingly call into question rotator cuff tear as the likely operating diagnosis here. Therefore, the request is not certified, for all the stated reasons.

MRI LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: The Expert Reviewer's decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, routine MRI imaging of the shoulder for evaluator purposes without surgical indications is "not recommended". In this case, the applicant did not, in fact, have any surgical indications. The requesting provider is a chiropractor, not a surgeon. There is no indication or evidence that the applicant would act on the results of the shoulder MRI and/or consider surgical remedy. The clinical presentation and allegation of cumulative trauma do not call into question a possible rotator cuff tear. Accordingly, the proposed left shoulder MRI is not certified, for all the stated reasons.

MRI RIGHT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: The Expert Reviewer's decision rationale: In this case, the diagnoses provided by the attending provider include strain/sprain of the hand and wrist, wrist tendonitis, and suspected carpal tunnel syndrome. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-6, MRI imaging has scored 0/4 in its ability to identify and define suspected tendonitis or tenosynovitis and 1/4 in its ability to identify and define suspected carpal tunnel syndrome. Thus, MRI imaging is not the test of choice for any of the diagnoses or differential diagnoses present here. The attending provider has not, furthermore, furnished any applicant-specific rationale, narrative or commentary, which would offset the unfavorable ACOEM recommendation. Therefore, the request is not certified, on independent medical review.

MRI LEFT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: The Expert Reviewer's decision rationale: As with the right wrist MRI, the attending provider has stated that operating diagnoses pertaining to the wrist include wrist sprain, wrist tendonitis, and possible carpal tunnel syndrome. However, the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 69, states that MRI imaging has scored a 0/4 in its ability to identify and define suspected strain and tendonitis/tenosynovitis and 1/4 in its ability to identify and define suspected carpal tunnel syndrome. Thus, MRI imaging is not the test of choice for any or all of the diagnosis or suspected diagnoses here. Accordingly, the request is not certified, on independent medical review.

MRI RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336.

Decision rationale: The Expert Reviewer's decision rationale: While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, pages 335 and 336 does note that MRI imaging can be employed to confirm a diagnosis of meniscal tear, collateral ligament tear, anterior cruciate ligament tear, posterior cruciate ligament tear and/or patellar tendonitis in applicants who are actively considering or contemplating knee surgery, in this case, however, the applicant does not appear to be actively considering or contemplating knee surgery. It is unclear why indiscriminate MRI imaging of multiple body parts is being sought. In this case, there is no evidence that the applicant would act on the results of the proposed knee MRI. There is no evidence that the applicant is in fact actively considering or contemplating knee surgery. Therefore, the request is not certified.

MRI LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336.

Decision rationale: The Expert Reviewer's decision rationale: Again, while the MTUS Guideline in ACOEM Chapter 13, Table 13-2, pages 335-336 do support MRI imaging to confirm a diagnoses of meniscal tear, collateral ligament tear, cruciate ligament tear, and/or patellar tendinitis in applicants who are actively considering or contemplating surgery, in his case, however, the applicant is not, in fact actively considering or contemplating any kind of surgical remedy insofar as the knee in question is concerned. Therefore, the request is likewise not certified, on independent medical review.

MRI CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: The Expert Reviewer's decision rationale: While the MTUS Guideline is ACOEM, Chapter 8, Table 8-8, page 182 does note that MRI and/or CT scanning is "recommended" to validate the diagnosis of nerve root compromise, based on clear history and physical exam finding, in preparation for an invasive procedure, in this case, the multifocal nature of the applicant's complaints argues against any bona fide cervical radiculopathy for which MRI imaging of the cervical spine would be indicated. There is no evidence that the applicant is a surgical candidate insofar as the cervical spine is concerned. There is no evidence that the applicant is contemplating any invasive procedure insofar as the cervical spine is concerned. Accordingly, the proposed cervical MRI is not certified, on independent medical review.

MRI LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: The Expert Reviewer's decision rationale: While the MTUS Guideline in ACOEM Chapter 12, Table 12-8 does recommend CT or MRI imaging when red flag diagnoses

such as cauda equina syndrome, tumor, infection and/or fracture are strongly suspected. In this case, however, there are no such red flags signs, symptoms, or diagnoses present here. There is no evidence that the applicant has any red flag diagnoses present here. The multifocal nature of the applicant's complaints and allegation of cumulative trauma argue against the presence of any red flag diagnosis or issue for which lumbar MRI imaging may be indicated. Therefore, the request is likewise not certified, on independent medical review.