

<b>Case Number:</b>	CM13-0023042		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	12/24/2011
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	07/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Interventional Spin 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 physician 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 patient reported a date of injury of 12/24/2011. The patient has diagnoses of: right knee osteoarthritis; bilateral C6 cervical radiculopathy; bilateral carpal tunnel syndrome; lumbar stenosis with failed back syndrome; and post concussive syndrome with heterotopic ossification above right eye. The progress report, dated 05/30/2013, shows the patient is complaining of pain in the right upper front temporalis area radiating to the shoulder area and right arm with painful numbness, tingling, pins and needles, and stops at the wrist, pain in the left shoulder radiating from her cervical spine and right knee pain. Physical examination by [REDACTED] shows patient had difficulty in single-leg stance and squat to the right knee. Spinal motion was measured 30 degrees flexion, 25 degrees extension. Lumbar forward flexion was 80 degrees, extension was 50 degrees. Facet maneuver was difficult to interpret, mildly positive on the right, negative on the left. Speed's, Hawkins, Neers and impingement signs were negative bilaterally for the shoulder. The request is for an MRI of the lumbar spine, cervical spine, right knee and right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The reporting shows the patient has equivocal SLR bilaterally. It is not clear what, if any, dermatomal distribution the physician is trying to relay with the description of symptoms on the lateral, posterior and medial leg. MTUS/ACOEM topics states: "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The only EMG/NCV in the records was the 5/30/13 report for the upper extremities. The request for a lumbar MRI is not in accordance with MTUS/ACOEM guidelines.

**MRI of cervical spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** According to the medical records, the patient has a cervical MRI from [REDACTED], dated 7/8/2013. The request for the cervical MRI appears to have been made by [REDACTED] on his 5/18/13 report. The patient did have a QME/AME with [REDACTED] on 5/30/13, and on that date [REDACTED] performed the upper extremity EMG/NCV that suggests chronic C6 radiculopathy. The MRI performed on 7/8/13 would appear to meet the MTUS/ACOEM criteria, as there was evidence of specific nerve compromise.

**MRI of right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

**Decision rationale:** The knee findings on the 5/18/13 exam by [REDACTED] do not appear consistent. There are reports of difficulty walking, but states no abnormalities with gait and station. There was abnormal patellar grind test. Some laxity in the right knee, but not to varus or valgus stress. The 5/30/13 QME/AME by [REDACTED], states ACL and PCL are intact, but there was medial and lateral joint line tenderness. [REDACTED] assessment is right knee osteoarthritis. [REDACTED] 5/18/13 report does not have a right knee diagnosis, nor does it provide a rationale for the knee MRI. The MTUS/ACOEM guidelines state: "Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms." The request for the knee MRI does not appear to be in accordance with MTUS/ACOEM guidelines.

**MRI of 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): 207-208.

**Decision rationale:** MTUS/ACOEM guidelines do not recommend routine MRIs for the shoulder. The 5/30/13 report from [REDACTED] shows essentially symmetric ROM with 180 degs flexion, 160 degs abduction, and negative Speed's, Hawkins, Neer or impingement signs. The 5/18/13 report from [REDACTED] does not indicate a shoulder exam was performed, with either subjective or objective findings, and there is no shoulder diagnosis or rationale provided for the MRI requested. MTUS/ACOEM for the shoulder states "Relying only on imaging studies to evaluate the source of shoulder symptoms carries a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a finding that was present before symptoms began (for example, degenerative partial thickness rotator cuff tears), and therefore has no temporal association with the symptoms." The request for a shoulder MRI without any clinical exam indications, or subjective complaints is not in accordance with MTUS/ACOEM guidelines.