MAXIMUS Federal Services

Case Number:	CM13-0060392		
Date Assigned:	12/30/2013	Date of Injury:	06/23/2012
Decision Date:	04/01/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/03/2013

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 Family Medicine, and is licensed to practice in Arizona. 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:

Patient is a 34 year old male with a date of injury on 6/23/2012. Patient has the diagnoses of left and right shoulder pain, left elbow fracture, left wrist pain, status post left thumb fracture, rib cage pain, lumbosacral radiculopathy, left inguinal pain, right thigh pain, and bilateral knee pain. Recent subjective complaints include headache, stabbing neck pain, bilateral shoulder pain which is aggravated by movement, constant sharp left elbow pain, left wrist pain, left thumb pain, low back pain with radiation/numbness/tingling, and pain in both knees. Physical exam shows cervical spine tenderness with decreased range of motion and positive distraction and compression tests. Shoulder exam shows left shoulder tenderness at acromioclavicular (AC) joint and decreased bilateral range of motion, left greater than right. There are positive rotator cuff signs on the left. Bilateral upper extremities have decreased strength due to pain, with intact sensation and reflexes. Lumbar spine shows decreased range of motion with bilateral positive straight leg raise test. Knee exam shows tenderness over bilateral tenderness at medial joint line with positive McMurray and Lachman's. Previous treatments include physical therapy, acupuncture, sleep study, and medications. Previous imaging includes x-rays of the head as well as several MRI scans.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines

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

Decision rationale: ACOEM guidelines indicate that a lumbar spine MRI is recommended if there are findings that identify a specific nerve compromise when symptoms have not responded to treatment and would otherwise be considered for surgery. When neurologic exam is less clear, physiological testing should be obtained before ordering an imaging study. Guidelines also indicate that indiscriminant imaging will result in false-positive findings. ACOEM guidelines also indicate that lumbar MRI is recommended in the first 6 weeks of low back pain if there is progressive neurological deficit, cauda equina, or significant trauma with atypical symptoms. In can be recommended for chronic radicular pain when the symptoms are not improving, and surgery is being considered. For this employee, there are no red flag symptoms, or progressive neurological findings. There is also no mention of surgery being considered, and no specific nerve compromise demonstrated on exam. Therefore, the medical necessity of a lumbar MRI is not established.

MRI of the left knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Knee, MRI

Decision rationale: ACOEM guidelines suggest knee MRI's are valuable when examination is unable to diagnose such non-acute conditions as an anterior cruciate ligament (ACL) tear. Most knee symptoms can be diagnosed with clinical symptoms, however an MRI to evaluate the extent of an ACL tear may be needed preoperatively. An MRI is not recommended for ligament collateral tears. The ODG states that in patients with non-acute knee symptoms who are highly suspected clinically of having intraarticular knee abnormality, magnetic resonance imaging should be performed to exclude the need for arthroscopy. MRI studies were also deemed necessary, if they were indicated by history and/or physical examination to assess for meniscal, ligamentous, or osteochondral injury or osteonecrosis. For this employee, the physical exam shows evidence of possible ligamentous internal derangement. Therefore, the request for a knee MRI is medically necessary.

MRI of the cervical spine: 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 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Shoulder, MRI.

Decision rationale: ACOEM guidelines recommend imaging for acute rotator cuff injury in a younger worker, and for emergence of red flag symptoms, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program, or clarification of anatomy prior to an invasive procedure. The ODG recommends MRI for acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; and normal plain radiographs. Also for subacute shoulder pain, or suspect instability/labral tear. This employee does not have any red flag symptoms, or objective neurovascular dysfunction. This employee is a younger patient and does have evidence of rotator cuff pathology on the left, but no such positive tests on the right. Request as written is for bilateral shoulder MRI. Since there are no neurovascular signs, and rotator cuff pathology is only demonstrated on one shoulder, a MRI of the bilateral shoulders would not be medically necessary.

MRI of the bilateral shoulders: 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): 198,209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Shoulder, MRI.

Decision rationale: ACOEM guidelines recommend imaging for acute rotator cuff injury in a younger worker, and for emergence of red flag symptoms, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program, or clarification of anatomy prior to an invasive procedure. The ODG recommends MRI for acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; and normal plain radiographs. Also for subacute shoulder pain, or suspect instability/labral tear. This employee does not have any red flag symptoms, or objective neurovascular dysfunction. This employee is a younger patient and does have evidence of rotator cuff pathology on the left, but no such positive tests on the right. Request as written is for bilateral shoulder MRI. Since there are no neurovascular signs, and rotator cuff pathology is only demonstrated on one shoulder, a MRI of the bilateral shoulders would not be medically necessary.

MRI of the left rib cage: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Clearing House Database; American College of Radiology, 2011, pg. 4: Expert Panel on Thoracic Imaging.

Decision rationale: The MTUS and ODG do not offer specific guidelines for a MRI of the thoracic ribs. Alternate guidelines were consulted that detailed rib imaging rarely adds additional information that would change treatment. Furthermore, the employee did not report any rib pain at recent visits, and there were no physical exam findings consistent with a need for imaging. Therefore, the medical necessity for a rib cage MRI is not established.