

Case Number:	CM13-0071951		
Date Assigned:	03/21/2014	Date of Injury:	09/30/2007
Decision Date:	06/30/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/30/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 55-year-old female who reported an injury on 09/30/2007. The mechanism of injury involved repetitive work activity. Current diagnoses include lumbar spine strain with degenerative disc disease, cervicothoracic strain, bilateral knee medial compartment degenerative arthritis, medial meniscal tear bilaterally, bilateral shoulder subacromial impingement syndrome, and rule out bilateral carpal tunnel syndrome and ulnar nerve neuropathy. The injured worker was evaluated on 09/10/2013. The injured worker reported persistent pain in the neck, upper back, lower back, bilateral shoulders, bilateral hands, and bilateral knees. Physical examination revealed muscle guarding and spasm in the cervical spine, limited cervical range of motion, tenderness to palpation of the paraspinal muscles, normal range of motion of the bilateral shoulder, tenderness in the trapezius musculature, positive Neer's and Hawkin's testing bilaterally, normal range of motion of the bilateral elbows and hands, classic carpal tunnel syndrome bilaterally, positive elbow flexion testing bilaterally, muscle guarding and spasm in the thoracic and lumbar spine, normal range of motion of the thoracic spine, normal range of motion of the bilateral hips, and tenderness in the medial joint line bilaterally. Treatment recommendations at that time included updated electrodiagnostic testing of the bilateral upper and lower extremities as well as an MRI scan of the cervical spine, thoracic spine, lumbar spine, bilateral shoulders, and bilateral knees.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 9 (SHOULDER CHAPTER), 208, 209

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 207-209.

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients presenting with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. Primary criteria for ordering an imaging study includes the emergence of a red flag, physiological evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program, or for clarification of the anatomy prior to an invasive procedure. As per the documentation submitted, the injured worker's physical examination of the bilateral shoulders revealed no evidence of atrophy, no erythema, no subluxation, no deformity of the clavicle or AC joint, and normal range of motion. There is no evidence of a significant musculoskeletal or neurological deficit. There is also no documentation of a recent failure to respond to a 4 to 6 week period of conservative care and observation. Based on the clinical information received the request is not medically necessary.

MRI OF THE LEFT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 9 (SHOULDER CHAPTER), 208, 209

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 207-209.

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients presenting with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. Primary criteria for ordering an imaging study includes the emergence of a red flag, physiological evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program, or for clarification of the anatomy prior to an invasive procedure. As per the documentation submitted, the injured worker's physical examination of the bilateral shoulders revealed no evidence of atrophy, no erythema, no subluxation, no deformity of the clavicle or AC joint, and normal range of motion. There is no evidence of a significant musculoskeletal or neurological deficit. There is also no documentation of a recent failure to respond to a 4 to 6 week period of conservative care and observation. Based on the clinical information received the request is not 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 MTUS: ACOEM, CHAPTER 8 (NECK AND UPPER BACK), 179-180

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. Primary criteria for ordering imaging studies includes the emergence of a red flag, physiological evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program or for clarification of the anatomy prior to an invasive procedure. As per the documentation submitted, the injured worker's physical examination of the cervical spine only revealed muscle guarding and spasm. There was no documentation of a significant musculoskeletal or neurological deficit. There is also no documentation of a failure to respond to conservative treatment. Based on the clinical information received, the request is not medically necessary.

MRI OF THE THORACIC SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM , CHAPTER 12 (LOW BACK COMPLAINTS), 304

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. As per the documentation submitted, the injured worker's physical examination of the thoracic spine only revealed muscle guarding with spasm and tenderness to palpation. There was no documentation of a significant musculoskeletal or neurological deficit. The injured worker demonstrates 5/5 motor strength in the bilateral lower extremities with intact sensation. Based on the clinical information received, the request is not medically necessary.