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| <b>Case Number:</b>   | CM14-0004581 |                              |            |
| <b>Date Assigned:</b> | 02/05/2014   | <b>Date of Injury:</b>       | 03/16/2011 |
| <b>Decision Date:</b> | 06/20/2014   | <b>UR Denial Date:</b>       | 12/23/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/13/2014 |

### 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 Orthopedic Surgery 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 claimant is a 48-year-old male who was injured on March 16, 2011 when 1800 pounds of metal fell on the right leg resulting in a right comminuted distal femur fracture. Previous conservative measures have included group psychotherapy, physical therapy, open reduction internal fixation of the right distal femur, and art neurotomy or possible iliotibial band debridement. Following this injury, the claimant was noted to be non weightbearing for approximately 8 months which required utilization of crutches. After utilizing crutches, the claimant started tingling in the 4th and 5th digits bilaterally. The AME from January 14, 2014 indicates that no conservative measures were attempted for the lumbar spine or right shoulder. This examiner notes that the low back should improve once the right leg improved. The examiner notes no evidence of injury to the shoulders. The utilization review in question was rendered on December 23, 2013. The reviewer ruled non certified requests for MRIs of the lumbar spine and right shoulder. The reviewer notes that the documentation provided was not clear as to what measures were attempted for the lumbar spine and for the right shoulder.

### 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 MTUS: ACOEM, LOW BACK COMPLAINTS, CHAPTER 12, 308-310

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, LOW BACK ACCESSED ELECTRONICALLY,

**Decision rationale:** The ACOEM supports the use of MRI for lumbar spine when there are unequivocal objective findings that identify specific nerve root compromise on exam and the claimant would be willing to consider operative intervention. Based on the clinical documentation provided, the claimant has not had conservative treatment for the low back and there is no evidence of specific nerve root compromise on examination. Additionally, the AME noted that the low back will likely improve without further invention other than physical therapy. As such, the request is considered not medically necessary.

**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, SHOULDER COMPLAINTS CHAPTER 9, 561-563

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, SHOULDER CH 9, 207 ACCESSED ELECTRONICALLY

**Decision rationale:** The AME noted that there was no evidence on examination of issues with the shoulder. The ACOEM Guidelines has specific criteria for ordering MRIs of the shoulders. Based on the clinical documentation provided, the claimant fails to meet criteria as outlined by the ACOEM Guidelines. As such, the request is considered not medically necessary. &#8195;