

Case Number:	CM14-0131867		
Date Assigned:	09/19/2014	Date of Injury:	01/26/2013
Decision Date:	12/11/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/18/2014

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 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:

There were 51 pages provided for this review. The application for independent medical review was signed on August 11, 2014. It was an MRI of the right shoulder, MRI of the right ankle, MRI of the cervical spine, MRI of the lumbar spine and MRI of the thoracic spine. The request also was for x-rays of the cervical spine, thoracic spine, lumbar spine, left shoulder and right ankle. There was also a request for an internal medicine consult. Per the records provided, the claimant was injured on July 26, 2013 and it was described as a cumulative trauma injury. The claimant underwent a qualified medical exam with an orthopedist. The injury was described as multiple injuries over the years to multiple body parts. The claimant was diagnosed with status post rotator cuff surgery and arthroscopic surgery of the left shoulder with residual weakness and instability, right shoulder impingement syndrome, medial and lateral epicondylitis and lumbosacral strain-sprain. The repeat MRI of the left shoulder and a right shoulder MRI, if they were positive, the claimant could be a surgical candidate. The other imaging studies were to assess for epicondylitis, hand pain of and other pains of various sorts. It was felt that the MRI of the right shoulder was medically necessary but the MRIs of the other regions were not. The QME felt that the repeat MRI of the shoulder was appropriate. There were significant clinical findings on exam and they have been refractory to treatment. There was no evidence of significant deterioration of the claimant's condition in the other parts requested. The rationale for the other x-rays was just simply that we still need them as they are not available for review. It appears that the claimant had already under: radiographic evaluation. Not having access to the reports is not a basis for clinical necessity to repeat them. The internal medicine consult was established. This would be to address the claimant's medication needs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance Imaging of right shoulder, right ankle, and C/s, L/s, and T/s: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 178,207,303,372.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation : Bates' Guide to Physical Examination and History-Taking Hardcover - November 12, 2012 by Lynn Bickley MD (Author).

Decision rationale: Extensive testing should not replace our role as providers to do thorough physical examinations, and make decisions based on physical findings. Extensive testing such as in this case, also is fraught with the risk of false positive findings, unless the testing is judiciously thought through, and is in accordance with objective physical findings. Therefore, the request is not medically necessary.

X-ray of C/s, L/s and T/s, left shoulder and right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 178,207,303,372.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bates' Guide to Physical Examination and History-Taking Hardcover - November 12, 2012 by Lynn Bickley MD (Author)

Decision rationale: As shared previously, extensive testing should not replace our role as providers to do thorough physical examinations, and make decisions based on physical findings. Extensive testing such as in this case, also is fraught with the risk of false positive findings, unless the testing is judiciously thought through, and is in accordance with objective physical findings. Therefore, the request is not medically necessary.

Internal Medicine Consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 178,207,303,372.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Page 127.

Decision rationale: ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the

examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. This request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. Therefore, the request is not medically necessary.