

Case Number:	CM14-0047205		
Date Assigned:	07/02/2014	Date of Injury:	03/07/2014
Decision Date:	09/05/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/15/2014

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 Geriatrics and is licensed to practice in New York. 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 43-year-old man with a date of injury of 3/7/14. He was seen by his primary treating physician on 4/1/14 with pain in multiple areas: neck, right shoulder, elbow, wrist/hand, mid and low back, right hip, right knee/leg, and right foot/ankle. His physical exam showed he appeared to be in severe distress with a flat affect and antalgic gait. He was tender to palpation with spasm over the cervical paraspinals and decreased sensation to pin prick at C6-7 and T1 on the right. Cervical compression and Spurling's tests were negative, and reflexes were normal. His right shoulder showed pain with palpation and spasm with a positive Neer's impingement sign. His right elbow and arm showed tenderness to palpation and spasm, with a positive Tinel's, Phalen's, Finkelstein's and Reverse Phalen's signs. He was tender to palpation over the lumbosacral and thoracic spine, with decreased sensation to pin prick in L4-S1 dermatomes bilaterally. His right hip and thigh showed tenderness to palpation but were negative on special orthopedic tests. His right knee showed pain with palpation and a stable knee but positive McMurray's, Apprehension, Drawer sign and Crepitus tests. He had tenderness to palpation over the right foot and ankle with positive Drawer's, Crepitus and Tinel's signs. Radiographs of the right tibia and fibula, thoracic spine, right shoulder, right hip, right humerus, right wrist, and right hand were all negative. The cervical spine radiograph showed only an anterior shift of the cervical gravity line but no disc issues or fractures. His diagnoses included cervical, thoracic and lumbar spine sprain/strain with paresthesia of the bilateral upper and lower extremities, rule out herniated nucleus pulposus and radiculopathy; right hip, knee, ankle/foot sprain/strain, rule out internal derangement; and right shoulder/elbow/hand/wrist sprain-strain rule out internal derangement, impingement and carpal/cubital tunnel syndrome. He was to receive medications targeting inflammation, pain and spasm as well as braces, physical therapy,

functional capacity evaluation, and a psyche consult to rule out anxiety/depression. At issue in this review is the request for MRI of the thoracic and cervical spine, right elbow, wrist and knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: The request in this injured worker with a new injury of 3/7/14 is for MRI of the thoracic spine. The records document a physical exam showing pain with range of motion and spasm, but no red flags or indications for immediate referral or imaging. An MRI can help to identify anatomic defects and neck pathology and may be utilized in preparation for an invasive procedure. The injured worker was just prescribed measures for his recent injury, including physical therapy and medications, and all radiographs were negative. In the absence of physical exam evidence of red flags, MRI of the thoracic spine is not indicated as medically necessary or appropriate.

MRI Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: The request in this injured worker with a new injury of 3/7/14 is for MRI of the cervical spine. The records document a physical exam showing pain with range of motion and spasm, but no red flags or indications for immediate referral or imaging. An MRI can help to identify anatomic defects and neck pathology and may be utilized in preparation for an invasive procedure. He was just prescribed measures for his recent injury, including physical therapy and medications, and all radiographs were negative. In the absence of physical exam evidence of red flags, MRI of the cervical spine is not indicated as medically necessary or appropriate.

MRI Right Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601-602.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-285.

Decision rationale: The request in this injured worker with a new injury of 3/7/14 is for MRI of the right elbow. The records document a physical exam showing pain with range of motion but no red flags or indications for immediate referral or imaging. There was no physical exam evidence of fracture, dislocation, infection, tumor, vascular or rapidly progressing neurologic compromise. He was just prescribed measures for his recent injury, including physical therapy and medications, and all radiographs were negative. In the absence of physical exam evidence of red flags, MRI of the right elbow is not indicated as medically necessary or appropriate.

MRI Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-285.

Decision rationale: The request in this injured worker with a new injury of 3/7/14 is for MRI of the right wrist. The records document a physical exam showing pain with range of motion, but no red flags or indications for immediate referral or imaging. There was no physical exam evidence of fracture, dislocation, infection, tumor, vascular or rapidly progressing neurologic compromise. An MRI can help to identify infection and is minimally helpful to diagnose carpal tunnel syndrome. The injured worker was just prescribed measures for his recent injury, including physical therapy and medications, and all radiographs were negative. In the absence of physical exam evidence of red flags, MRI of the right wrist is not indicated as medically necessary or appropriate.

MRI Right Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-339.

Decision rationale: The request in this injured worker with a new injury of 3/7/14 is for MRI of the right knee. The records document a physical exam with pain on range of motion but no red flags or indications for immediate referral or imaging. An MRI can help to identify anatomic defects such as meniscus or ligament tears. He was just prescribed measures for his recent injury, including physical therapy and medications, and all radiographs were negative. In the absence of physical exam evidence of red flags, and given the recent nature of his injury, MRI of the right knee is not indicated as medically necessary or appropriate.

MRI Right Hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-285.

Decision rationale: The request in this injured worker with a new injury of 3/7/14 is for MRI of the right hand. The records document a physical exam with pain with palpation but no red flags or indications for immediate referral or imaging. There was no physical exam evidence of fracture, dislocation, infection, tumor, vascular or rapidly progressing neurologic compromise. He was just prescribed measures for his recent injury, including physical therapy and medications, and all radiographs were negative. In the absence of physical exam evidence of red flags, a MRI of the right hand is not indicated as medically necessary or appropriate.