MAXIMUS Federal Services

Case Number:	CM14-0056178		
Date Assigned:	07/09/2014	Date of Injury:	04/20/2010
Decision Date:	09/05/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/25/2014

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 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 56 year old female who sustained injuries to her bilateral knees, shoulders, low back, and neck on 04/20/10 due to cumulative trauma while performing her usual and customary duties working in the deli department of a grocery store. The injured worker stated that she started having a gradual onset of symptoms beginning in 2007 after repetitive lifting, washing, pulling, pushing, reaching, squatting, bending, and standing. The injured worker is status post bilateral rotator cuff surgery. Electrodiagnostic study dated 06/28/13 revealed carpal tunnel syndromes are now not present; there was no evidence of general peripheral neuropathy or diabetic neuropathy; evidence of irritation of the right C6 and right S1 spinal nerve roots with mention of the combination of past history of carpal tunnel syndrome with a present history of C6 radiculopathy, makes this a case of double crush syndrome. The injured worker continues to complain of severe pain in her wrists, as well as in her neck, low back, and bilateral knees with mention of pain developing in her ankles as continuing down from her knee. A clinical note dated 04/02/14 reported that the assessment of the injured worker was that she had post-bilateral carpal tunnel repaired with no evidence of ongoing entrapment, but with ongoing pain, severe bilateral shoulder impingement with severe pain hard to examine and difficult to evaluate, cervical pain with decreased range of motion, cervical/lumbar discogenic pain and bilateral knee pain with no evidence of internal derangement. The recommendations were for imaging to document extent of the injured worker's pathology involving these body parts.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR arthrogram bilateral knees qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, knee and leg chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg chapter, MR arthrography.

Decision rationale: The request for an MR arthrogram of the bilateral knees is not medically necessary. The previous request was denied on the basis that there was no examination findings submitted that would indicate an internal derangement to support an MR arthrogram or any other pathology taking place in the knees. There was no report of a new acute injury. There was no mention that a surgical intervention was anticipated. There was no indication that plain radiographs had been obtained prior to the request for more advanced MRI. There were no additional significant 'red flags' identified. Given this, the request for an MR arthrogram of the bilateral knees x 1 is not indicated as medically necessary.

MR arthrogram bilateral shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, shoulder chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, MR arthrogram.

Decision rationale: The request for an MR arthrogram of the bilateral shoulders is not medically necessary. The previous request was denied on the basis that there was an assessment of severe impingement in the bilateral shoulders, but no indication of any examination findings that would indicate pathology in the shoulders to support MR arthrogram in the bilateral shoulders. There was no report of a new acute injury. There was no mention that a surgical intervention was anticipated. There was no indication that plain radiographs had been obtained prior to the request for more advanced MRI. There were no additional significant 'red flags' identified. Given this, the request for an MR arthrogram of the shoulders is not indicated as medically necessary.

MRI lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, low back chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs (magnetic resonance imaging).

Decision rationale: The request for an MRI of the lumbar spine is not medically necessary. The previous request was denied on the basis that there were findings of decreased sensation in the L4 nerve distribution, but it could not be determined on which side and no strength with abductor hallucis longus and no ability to press down on the plantar flexors, so there are some equivocal findings of a radiculopathy, but it would appear that the injured worker is either not cooperating or in too much pain to undergo a full assessment. There was no indication of deep tendon reflex loss to corroborate any radiculopathy and the side was not documented. There was no report of a new acute injury. There was no mention that a surgical intervention was anticipated. There was no indication that plain radiographs had been obtained prior to the request for more advanced MRI. There were no additional significant 'red flags' identified. Given this, the request for MRI of the lumbar spine is not indicated as medically necessary.

MRI cervical: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, neck and upper back chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Magnetic resonance imaging (MRI).

Decision rationale: The request for an MRI of the cervical spine is not medically necessary. The previous request was denied on the basis that there were findings of bilateral C7 sensory deficits, but no deep tendon reflex loss and no documented motor loss in that myotome. There was no report of a new acute injury. There was no mention that a surgical intervention was anticipated. There was no indication that plain radiographs had been obtained prior to the request for more advanced MRI. There were no additional significant 'red flags' identified. Given this, the request for MRI of the cervical spine is not indicated as medically necessary.