

Case Number:	CM14-0075352		
Date Assigned:	07/16/2014	Date of Injury:	12/15/2011
Decision Date:	08/25/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/23/2014

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:

The patient is a 60-year-old male who was injured on 12/15/2011 while he was using a weed eater when he slipped and fell. He has been treated with physical therapy. Diagnostic studies reviewed include x-ray of the left ankle dated 08/16/2012 revealed left ankle negative for joint space narrowing and status post open reduction and internal fixation bimalleolar fracture, left ankle. The lumbar spine, complete series, revealed moderate disc space narrowing at L5-S1. Progress report dated 04/17/2014 states the patient complained of left ankle pain which is moderate in nature and radiates to the hip, leg and mid back. He described swelling, tingling, stabbing, weakness, warmth, giving way, and tenderness. He rated the pain as 9/10. He stated his symptoms are constant and they are aggravated by activities. Objective findings on exam revealed the left shoulder has positive impingement sign, positive supraspinatus sign. Motor exam is 5/5 bilaterally upper extremities. His circulation is intact in bilateral upper extremities. Left shoulder range of motion revealed flexion to 115 degrees; abduction to 110 degrees; extension to 25 degrees; external rotation to 50 degrees; internal rotation to 35 degrees; adduction to 15 degrees. His thoracic spine revealed tenderness to palpation of the left paracervical levator scapulae, trapezius and parascapular muscles. He has positive left levator scapulae and trapezius muscle spasm. The lumbar spine range of motion revealed forward flexion to 60 degrees; extension to 10 degrees; right lateral bending 15 degrees; left lateral bending to 10 degrees; straight leg raise is positive on the left; and Fabere is positive on the left. The patient is diagnosed with left shoulder subacromial impingement syndrome posttraumatic, left low back strain with left lower extremity size lumbar radiculitis with degenerative disk disease L5-S1, moderate; left thoracic strain, and degenerative disk disease at C6-C7 with spondylosis. The patient was recommended for a left shoulder MRI and lumbar magnetic resonance imaging lumbar (MRI) request for authorization (RFA) dated 05/05/2014. Prior

utilization review dated 05/16/2014 states the requests for Left shoulder magnetic resonance imaging lumbar (MRI) request for authorization (RFA) and Lumbar magnetic resonance imaging lumbar (MRI) request for authorization (RFA) are denied as the clinical information submitted, the requests are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder MRI RFA: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, MRIs.

Decision rationale: This is a request for a left shoulder magnetic resonance imaging lumbar (MRI) for a 60-year-old male injured on 12/15/11. The patient has chronic left shoulder pain; he has failed conservative care; there is physiologic evidence of tissue insult on examination; he is diagnosed with left shoulder impingement with partial supraspinatus tear versus tendinitis. Medical necessity is established.

Lumbar MRI RFA: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, MRI.

Decision rationale: This is a request for lumbar magnetic resonance imaging (MRI) for a 60-year-old male injured on 12/15/11. The patient has chronic low back pain; he has failed conservative care; there are symptoms and signs of radiculopathy on examination; left L5 nerve compromise is suspected. Medical necessity is established.