

Case Number:	CM14-0093830		
Date Assigned:	07/25/2014	Date of Injury:	05/01/2009
Decision Date:	12/31/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/20/2014

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 Family Medicine and is licensed to practice in Colorado. 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:

This is a 57 year old male with date of injury 5/1/2009, who continues care with treating physician. Primary complaints include Neck pain radiating to both arms by history, and left shoulder pain, though knee pain and wrist symptoms are referenced in treating physician notes 4/30/2014. Per the records, patient has decreased range of motion in right shoulder and positive Spurling's test on left. Diagnoses include cervical radiculopathy and right shoulder adhesive capsulitis. (Shoulder capsule release and cervical MRI requested January 2014) Previous MRI of cervical spine 4/28/2011 reported to show disc herniations C3-C7 and disc osteophyte complexes with spinal stenosis at every level C3-C7. Plan at the 4/30/2014 office visit included pain management consult, Ortho spine consult for neck, Ortho consult for right shoulder, bilateral knee, and carpal tunnel evaluation. The current request from the treating physician includes open MRI for cervical spine, right wrist, right shoulder, and right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open MRI of the cervical spine, wrist, shoulder, and knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 178, 207, 268, 341.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 13 Knee Complaints, Chapter 15 Stress Related Conditions Page(s): 4-5, 724, 187, 894.

Decision rationale: MTUS Guidelines do not address the issue of MRI so ACOEM Guidelines were consulted. Per the ACOEM, MRI is recommended for patient in cervical conditions for the following symptoms / findings:- Acute cervical pain with progressive neurologic deficit;- Significant trauma with no improvement in significantly painful or debilitating symptoms;- A history of neoplasia (cancer),- Multiple neurological abnormalities that span more than one neurological root level;- Previous neck surgery with increasing neurologic symptoms;- Fever with severe cervical pain;- Symptoms or signs of myelopathy; or- Subacute or chronic radicular pain syndromes lasting at least 4 to 6 weeks in whom dermatomal and myotomal symptoms are not trending towards improvement if either injection is being considered or both the patient and surgeon are considering early surgical treatment if supportive findings on MRI are found. The ACOEM Guidelines have no recommendation for MRI in the diagnosis / management of carpal tunnel syndrome. The ACOEM does indicate that while MRI may be helpful to diagnose rotator cuff pathology, it is not generally necessary for shoulder pain complaints. The ACOEM also indicates that MRI can be useful in knee pain, to rule out fracture as well as to diagnose other injuries including ligament or meniscal tears, though the evidence is not strong for the recommendation. Regardless of above recommendations, Open MRI is not recommended for acute, subacute, or chronic pain with suspected radiculopathy unless patient is morbidly obese (exceeding closed MRI weight capacity) or claustrophobic to the extent that anxiolytics prior to procedure are not helpful. In this case, the records supplied lack significant information needed to determine medical necessity. The treating physician's notes do not include a neurological examination that suggests either cervical radiculopathy or carpal tunnel syndrome, so MRI of cervical spine and wrist not indicated. The shoulder exam does have some abnormalities, so MRI may be appropriate for the shoulder. However, the records do not include any information about obesity or claustrophobia, so open MRI not indicated. The only mention of knee pain in the records indicates that Orthopedic consult has been requested for knee pain. Without additional physical findings or history, knee MRI would not be indicated. Based on the above, open MRI is not medically necessary for cervical spine, wrist, shoulder or knee.