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| Case Number: | CM14-0097165 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 05/29/2013 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 06/03/2014 |
| Priority: | Standard | Application Received: | 06/25/2014 |

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 Physical Medicine & Rehabilitation, and is licensed to practice in Texas and Ohio. 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 49-year-old female who reported an injury on 05/29/2013 due a slip and fall landing on his low back and knees. The injured worker complained of a dull, aching pain with sharp sensations into the lumbar spine and knees. The injured worker had no previous history of surgical procedures. On physical examination dated 03/27/2014, there was tenderness to palpation over the lumbar paraspinals. Range of motion was limited in the lumbar spine by pain. Forward flexion is at 20 degrees, extension is at 20 degrees. Lateral flexion is at 25 degrees and lateral rotation is at 45 degrees. Straight leg raising from the supine position is negative at 90 degrees bilaterally. There was tenderness to palpation along the knees. Visual inspection of the knees showed no true suprapatellar swelling, and the injured worker was able to do a full knee squat without difficulty or pain. Range of motion for the knees revealed flexion at 150 degrees bilaterally, extension at zero degrees bilaterally. The injured worker's diagnoses were lumbar ligament and some muscle strain/sprain and knee pain. The request for authorization form was provided with documentation submitted for review. The rationale for the request was not provided with documentation. The past treatments included acupuncture x 6, physical therapy, chiropractic, and medications. The treatment plan included an MRI of the cervical spine, MRI of the lumbar spine, MRI of the right knee, MRI of right shoulder, and an MRI of right hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guideline - Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for MRI of the cervical spine is not medically necessary. According to the California MTUS/ACOEM Guidelines, the criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of anatomy prior to an invasive procedure. If physiological evidence indicates tissue insult or nerve impairment, consider a decision with a consult regarding the next step including selection of an imaging test to define a potential cause. The injured worker complained of continued dull aching and sharp, stabbing, burning pain into the lumbar spine and knees, with scoring pain at a 10/10. There is documentation that the injured worker receiving conservative care of physical therapy and acupuncture but there is lack of documentation as to the functional improvement. There is lack of objective and subjective complaints of any abnormalities towards the cervical spine to include neurological deficits to support the necessity of the requested MRI. Therefore, the request for an MRI of the cervical spine is not medically necessary.

MRI of Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for MRI of the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on a neurologic examination are sufficient evidence to warrant imaging in a patient who did not respond to treatment and who considers surgery as an option. There is lack of documentation objectively to identify nerve compromise. There is documentation that the injured worker receiving conservative care of physical therapy and acupuncture but there is lack of documentation as to the functional improvement. Therefore, the guidelines do not support the request. As such, the request for MRI of the lumbar spine is not medically necessary.

MRI of Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, 343. Decision based on Non-MTUS Citation Official Disability Guidelines - Knee Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343.

Decision rationale: The request for MRI of the right knee is not medically necessary. According to the California MTUS/ACOEM Guidelines, most knee problems improve quickly once any red flag issues are ruled out. In a patient with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fractures. Relying only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion, a false positive test result, because of the possibility of identifying a problem that was present before symptoms began and, therefore, has now temporal association with the current symptoms. There is documentation that the injured worker receiving conservative care of physical therapy and acupuncture but there is lack of documentation as to the functional improvement. There was clinical documentation of tenderness to palpation over the knee; however, physical examination findings failed to support the suspicion of pathology that would support an MRI. As such, the MRI for right knee is not medically necessary.

MRI of Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines - Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 207-209.

Decision rationale: MRI of the right shoulder is not medically necessary. The California MTUS/ACOEM Guidelines indicate primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction such as cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear or the presence of edema, cyanosis, or Raynaud's phenomenon, failure to progress in a strengthening program intended to avoid surgery, clarification of anatomy prior to an invasive procedure, a full thickness rotator cuff tear not responding to conservative treatment. The injured worker complained of continued dull aching, sharp, stabbing, burning pain into the lumbar spine and knees, with pain being at a 10/10. There is lack of documentation noted in the most current clinical visit of any shoulder discomfort or abnormalities with range of motion. According to guidelines, the lack of documentation of a failure to progress in a strengthening program intended to avoid surgery does not support the request of an MRI to the right shoulder. As such, the request is not medically necessary.

MRI Right Hip: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvic Magnetic resonance imaging.

Decision rationale: The request for MRI of the right hip is not medically necessary. According to the Official Disability Guidelines, the indication for imaging, MRI (magnetic resonance imaging), is osseous articular or soft tissue abnormalities, occult acute stress fracture, acute and chronic soft tissue injuries and tumors. The injured worker continued to complain of dull aching and sharp, stabbing, burning pain into the lumbar spine and knees, rated pain at 10/10. There is no notation on most recent clinical examination of any right hip distress or abnormalities. Hip strength to bilateral hip was 5/5 in all planes. There is a lack of documentation of deficits related to the right hip to support an MRI. As such the request for an MRI of the right hip is not medically necessary.