

Case Number:	CM14-0178408		
Date Assigned:	10/31/2014	Date of Injury:	09/20/2014
Decision Date:	02/18/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/27/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 58 year-old female with a 9/20/2014 date of injury. According to the 9/23/14 Doctor's First Report, the patient is a nurse and was walking to the hospital and tripped and fell forward on the sidewalk. She had full ROM in the neck, shoulders, elbows at that time but had 50% decrease in left wrist extension. She had pain in the palms and forearms and anterior knees. X-rays of left elbow, left wrist, and left knee were negative for fracture. She developed left shoulder pain on 10/1/14 and was noted to have slightly reduced left elbow motion. PT x6 was ordered. The 10/3/14 report states that the patient has not started PT yet. The 10/10/14 report states that 2of 6 PT sessions were completed and that the physician is awaiting authorization for MRI of the left hand, left shoulder, left elbow and right knee. The diagnoses include contusion bilateral forearm and elbow; left wrist strain; ankle sprain bilateral; contusion knee bilateral; left shoulder strain. On 10/13/14 utilization review denied a request for MRIs for the left shoulder, right knee, left elbow, and left wrist. The rationale was that the injury was less than a month ago and there was no evidence of conservative care/PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: According to the available records, on 9/20/14, the patient fell on a sidewalk and had pain in the palms, forearms and knees bilaterally. She developed pain in the left shoulder and elbow by 10/1/14. MRIs were requested on 10/3/14. MRI studies were denied by utilization review because they were requested 2-weeks after the injury and before attempting physical therapy. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Shoulder Complaints Ch.9 Special Studies and Diagnostic and Treatment Considerations, pg. 207- 209 states: For most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms The records show the left shoulder symptoms started to appear on 10/1/14, shortly after the 9/20/14 injury. The initial request for the shoulder MRI was on 10/3/14. At that time, the request was not in accordance with MTUS/ACOEM guidelines. Subsequent medical reporting from 11/3/14 states the left shoulder symptoms resolved, and the 11/25/14 report shows full left shoulder ROM. Currently, there is no clinical indication for the left shoulder MRI. The request for Left Shoulder MRI IS NOT medically necessary.

Right Knee MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: According to the available records, on 9/20/14, the patient fell on a sidewalk and had pain in the palms, forearms and knees bilaterally. MRI studies were denied by utilization review because they were requested 2-weeks after the injury and before attempting physical therapy. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Knee Complaints Ch. 13, Special Studies and Diagnostic and Treatment Considerations, pg 341-343 states: Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The initial request for the right knee MRI was not in accordance with MTUS/ACOEM guidelines, as there was no right knee radiographs nor a course of PT. Subsequent medical reporting from 10/23/14 states the knees have improved with aquatic therapy. As of 11/3/14, there were no positive physical exam findings for the right knee. Currently, there are no indications for a right knee MRI. The request for the Right Knee MRI IS NOT medically necessary.

Left Elbow MRI: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33-34.

Decision rationale: According to the available records, on 9/20/14, the patient fell on a sidewalk and had pain in the palms, forearms and knees bilaterally. She developed pain in the left shoulder and elbow by 10/1/14. MRIs were requested on 10/3/14. MRI studies were denied by utilization review because they were requested 2-weeks after the injury and before attempting physical therapy. MTUS/ACOEM Practice Guidelines, 2nd Edition, Elbow Complaints (Revised 2007) pages 33-34, Special Studies and Diagnostic and Treatment Considerations lists the criteria for ordering imaging studies. Criteria for ordering imaging studies are:- The imaging study results will substantially change the treatment plan.- Emergence of a red flag.- Failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctable by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctable lesion is confirmed. The subsequent medical records show that the patient has improved motion with physical and occupational therapy. But there was some pain towards the ulnar aspect of the elbow still present on the 1/16/15 evaluation and numbness to the fingers. Apparently electrodiagnostic studies have been denied. The patient appears to have Failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction, it is unknown if there is presence of a correctable lesion is present as electrodiagnostic studies were denied. The patient now appears to meet the MTUS/ACOEM criteria for the left elbow MRI. The request for left elbow MRI IS medically necessary.

Left Wrist MRI Without Contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: According to the available records, on 9/20/14, the patient fell on a sidewalk and had pain in the palms, forearms and knees bilaterally. MRIs were requested on 10/3/14. MRI studies were denied by utilization review because they were requested 2-weeks after the injury and before attempting physical therapy. MTUS/ACOEM Chapter 11, Wrist, forearm, hand, page 268-269 for Special Studies and Diagnostic and Treatment Considerations state: For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. Exceptions include the following:- In cases of wrist injury, with snuff box (radial-dorsal wrist) tenderness, but minimal other findings, a scaphoid fracture may be present. Initial radiographic films may be obtained but may be negative in the presence of scaphoid fracture. The medical records show the patient had left wrist pain and decreased ROM immediately after the fall, and the symptoms persisted over 4-months despite PT and OT. There was persistent pain at the anatomical "snuff box". Currently,

an MRI of the left wrist is in accordance with MTUS/ACOEM guidelines. The request for Left Wrist MRI Without Contrast IS medically necessary.