

Case Number:	CM14-0181320		
Date Assigned:	11/06/2014	Date of Injury:	06/10/2011
Decision Date:	01/14/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/31/2014

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 and Rehabilitation, 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 underlying date of injury in this case is 06/10/2011. The date of the prior utilization review under appeal is 10/08/2014. The primary treating physician's comprehensive initial report of 08/13/2014 describes an injury from repetitive telephone and clerical work duties. Multiple diagnoses were reported including a fall due to a slip/trip, residual visual disturbances in the right eye, head/face contusion, cervical myalgia, rule out cervical disc displacement, rule out shoulder derangement, right shoulder tendinitis, rule out right carpal tunnel syndrome, rule out lumbar spine derangement, rule out right knee internal derangement, right knee patellofemoral syndrome, rule out right ankle internal derangement, and rule out left ankle internal derangement. The treating physician opined that the patient had injuries from cumulative trauma since 1980 affecting the cervical spine, right shoulder, right elbow, right wrist, right hand, right digits, left wrist, left hand, left digits, lumbar spine, right hip, right knee, right ankle/foot, and left ankle/foot. The treating physician noted that an EMG of the lower extremities had noted a right S1 radiculopathy and the prior MRI did not corroborate disc herniation, but by history the patient had right lower extremity give way, and the EMG lent credibility to such weakness. On exam the patient had decreased sensation bilaterally in the deep peroneal and lateral sural cutaneous distributions, and the patient had slight weakness bilaterally in the anterior tibialis and peroneus longus/peroneus brevis. Overall, the treating physician recommended an MRI of the cervical spine to rule out disc pathology. MRI of the right shoulder to rule out rotator cuff pathology and/or impingement syndrome, MRI of the right wrist to rule out a triangular fibrocartilage tear, MRI of the right knee to rule out internal derangement, MRI of the right ankle/foot to rule out internal derangement, MRI of the left ankle/foot to rule out internal derangement, electrodiagnostic study of the cervical spine and upper extremities to rule out a cervical radiculopathy versus peripheral nerve entrapment.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The ACOEM Guidelines, Chapter 9, Shoulder, page 209, recommend that relying on imaging studies to evaluate the source of shoulder symptoms carries a significant risk of diagnostic confusion. This patient has extraordinarily multifocal symptoms. It is not clear from the history and physical examination that MRI findings of the right shoulder would be clinically significant or actionable given the diffuse nature of the patient's overall presentation. Overall the records and guidelines do not support this request. This request is not medically necessary.

MRI of the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The ACOEM Guidelines, Chapter 11, Wrist, page 269, discuss the ability of various techniques to identify and define forearm, wrist, and hand pathology. Implicit in this guideline is that the history and physical examination should clearly support a specific focal differential diagnosis. In this case, the patient has an extremely diffuse or multifocal presentation. Basing clinical decisions on an MRI of the wrist would have a high risk of false positive findings. This request is not supported by the treatment guidelines. The request is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: The ACOEM Guidelines, Chapter 8, Neck, page 182, recommend MRI imaging of the cervical spine to validate the diagnosis of nerve root compromise based on clear

history and physical examination findings in preparation for an invasive procedure. The medical records do not clearly support a specific cervical level at which pathology is suspected. The records suggest there would be a high risk of false positive findings in an MRI of the cervical spine at this time. This request is not medically necessary.

MRI of the bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The ACOEM Guidelines, Chapter 13, Knee, page 343, state that reliance on only an imaging study to evaluate the source of knee symptoms can carry a significant risk of diagnostic confusion. This patient has notably diffuse/multifocal symptoms. It is not clear that there are any specific findings on an MRI which would fundamentally change the patient's diagnosis and treatment plan. Rather, there would exist a significant risk of false positive findings. This request is not supported by the treatment guidelines. Overall this request is not medically necessary.

MRI of the bilateral ankles: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 375.

Decision rationale: The ACOEM Guidelines, Chapter 14, Ankle, page 375, discuss the ability of various techniques to identify and define ankle and foot pathology. Listed in this guideline is that an MRI should be conducted based on a specific proposed differential diagnosis and treatment plan. In this case, this patient had notably diffuse and multifocal clinical symptoms and findings. It is not apparent that an MRI of both ankles would be helpful in this clinical situation; rather, there would be a high risk of false positive findings. This request is not medically necessary.