

<b>Case Number:</b>	CM14-0186676		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	12/30/2013
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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: New York  
 Certification(s)/Specialty: Neurological Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Please provide a one paragraph summary of the relevant clinical issues with a diagnosis or diagnoses relevant to the disputed issue(s). Your summary may be posted on the DWC website for public viewing so please avoid any inflammatory language or disparaging remarks about any aspect of the medical care or claims processes. This is a 38 year old male who has reported multifocal pain after falling on 12/30/2013. Diagnoses have included a scalp laceration, closed head injury, cervical, thoracic and lumbar spine strain; right sided cervical radiculopathy, contusion and straining injury of the right hip and pelvis, lumbar disc protrusion and cervical disc protrusion. He has been treated with medications, acupuncture, and chiropractic. Per the primary treating physician report of 3/12/14, a right thigh MRI on 2/7/14 was normal. A right shoulder MRI showed tendinosis and acromioclavicular osteoarthritis. The shoulder examination was the same as that on 9/22/14. Serial reports during 2014 from this treating physician provide very similar information. A right shoulder injection was given on 6/11/14, and per the report of 6/25/14 provided unspecified temporary improvement. The injured worker declined further injections or surgery. On 8/7/14 an orthopedic surgeon evaluated the injured worker. He noted an MRI finding of tendinosis. He recommended an arthrogram. The arthrogram showed a small labrum that was possibly torn, and enthesopathy. On 9/2/14 the current primary treating physician, who is an orthopedic surgeon, noted discomfort to his right thigh a normal gait, limited squatting due to knee pain, and a normal exam of the right thigh. The treatment plan included an MRI of the right thigh, and continuation of the same modified work. There was no discussion of the specific indications for the thigh MRI. On 9/22/14 the primary treating

physician noted a completed shoulder arthrogram. There was no account of symptoms or the findings from the imaging. There was diffuse shoulder tenderness, 4/5 strength, positive impingement, and limited active range of motion. Adhesive capsulitis was reportedly not present. The treatment plan included a right thigh MRI and a referral for possible right shoulder surgery. The specific indications for surgery were not discussed. On 10/28/14 Utilization Review non-certified a right thigh MRI and orthopedic consultation, noting the lack of specific indications for surgery or the MRI. The MTUS, ACOEM Guidelines, was cited. Utilization Review noted that the primary treating physician report of 9/22/14 was reviewed for the decision.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI of the right thigh:** Upheld

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

**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 Pelvis chapter, MRI

**Decision rationale:** The treating physician has not provided any specific indications for this MRI and the clinical examination is normal. The MTUS does not provide direction for imaging of the thigh. The Official Disability Guidelines recommends an MRI for Osseous, articular or soft-tissue abnormalities, Osteonecrosis, Occult acute and stress fracture, Acute and chronic soft-tissue injuries, Tumors. The treating physician has not provided evidence that any of these conditions is likely to be present. The MRI is therefore not medically necessary.

**Orthopedic consultation/evaluation:** 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): 209-211.

**Decision rationale:** Per the ACOEM Guidelines Pages 209-211, surgical consultation may be indicated for: Red-flag conditions (acute rotator cuff tear in a young worker, dislocation, etc). Activity limitation > 4 months plus a surgical lesion. Failure to increase ROM and strength after an exercise program plus a surgical lesion. Clear evidence of a lesion shown to benefit in the short and long term from surgical repair. The treating physician has not discussed the specific kinds of conservative care completed to date. The specific kind of shoulder injection and its results were not discussed adequately. The quantity and specific results of physical therapy were not discussed. There has been no change in the examination of the shoulder over the course of 2014. The imaging findings are non-specific and not indicative of acute and significant pathology. The specific indications for surgery were not discussed and the records do not provide

good evidence that surgery is indicated. The treating physician, who is an orthopedic surgeon, did not provide adequate support for a surgical referral. The referral is not medically necessary based on the cited guidelines and the available records.