

Case Number:	CM14-0190020		
Date Assigned:	11/21/2014	Date of Injury:	05/29/2014
Decision Date:	01/09/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/14/2014

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, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of May 29, 2014. A utilization review determination dated October 23, 2014 recommends non-certification for an MRI of the cervical spine, lumbar spine, right knee, and left shoulder. Non-certification is recommended due to lack of documentation of neurologic deficits for the cervical MRI, physical findings of rotator cuff issues for the shoulder MRI, neurologic deficits for the lumbar MRI, and objective and functional deficits for the right knee MRI. A progress report dated July 11, 2014 identifies subjective complaints of back pain which is moderately severe. The patient denies any leg weakness or tingling and numbness in the lower extremities. The patient also has neck pain which is moderately severe but denies any numbness or tingling or weakness in the upper extremities. Physical examination findings reveal tenderness around the cervical and lumbar spine with normal strength in the lower extremities. Sensation is intact in the upper and lower extremities, and straight leg raise test is negative. Diagnoses include cervical sprain/strain and left shoulder sprain/strain. The treatment plan recommends chiropractic therapy and an MRI of the cervical and lumbar spine. A progress report dated August 28, 2014 identifies subjective complaints of low back pain and shoulder pain. The patient also has knee pain and "radicular pain on the left upper extremity." Physical examination findings revealed tenderness to palpation over the cervical spinous processes with normal strength and sensation in the upper extremities. Left shoulder examination reveals positive impingement test with tenderness diffusely over the left shoulder. Lumbar spine examination shows tenderness and spasm across the paraspinal muscles with normal strength and sensation. Right knee examination shows tenderness with positive McMurray's test. Diagnoses include cervical spine sprain/strain, lumbar spine sprain/strain, left shoulder sprain/strain, and right knee sprain/strain. The treatment plan recommends an MRI of the left shoulder to rule out internal door arrangement, MRI of the lumbar spine, and MRI of the right knee to rule out

internal derangement. A progress report dated September 16, 2014 recommends treatment including physical therapy, medication, and MRI of the right knee, left shoulder, cervical, and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine, lumbar spine, right knee & left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 182, 214, 304, 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 176-177, 207-209, 303-304, algorithms 13-1 and 13-3, and page 343.

Decision rationale: Regarding the request for MRI of the cervical spine, lumbar spine, right knee & left shoulder, guidelines support the use of cervical and lumbar imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. Regarding the request for MRI right knee, the CA MTUS and ACOEM note that, in absence of red flags (such as fracture/dislocation, infection, or neurologic/vascular compromise), diagnostic testing is not generally helpful in the first 4-6 weeks. After 4-6 weeks, if there is the presence of locking, catching, or objective evidence of ligament injury on physical exam, MRI is recommended. Regarding the request for MRI of the shoulder, Occupational Medicine Practice Guidelines state that more specialized imaging studies are not recommended during the 1st month to 6 weeks of activity limitation due to shoulder symptoms except when a red flag is noted on history or examination. Cases of impingement syndrome are managed the same whether or not radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Guidelines go on to recommend imaging studies for physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The ODG recommends MRI of the shoulder for sub-acute shoulder pain with suspicion of instability/labral tear or following acute shoulder trauma with suspicion of rotator cuff tear/impingement with normal plain film radiographs. Within the documentation available for review, there is no indication of any red flag diagnoses. Additionally there is no documentation of neurologic deficit attributable to the cervical or lumbar spine. There is no documentation that knee radiographs are non-diagnostic, identification of any red flags or documentation that conservative treatment aimed towards the knee has failed. Additionally, it is unclear how a shoulder MRI will change the patient's current treatment plan. In the absence of clarity regarding those issues, the requested MRI of the cervical spine, lumbar spine, right knee & left shoulder is not medically necessary.