

Case Number:	CM14-0208897		
Date Assigned:	12/22/2014	Date of Injury:	12/20/2013
Decision Date:	02/27/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/15/2014

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee, low back, wrist, shoulder, and neck pain with derivative complaints of anxiety, depression, vertigo, impaired balance, and diplopia reportedly associated with an industrial injury of December 20, 2013. In a Utilization Review Report dated November 19, 2014, the claims administrator denied requests for knee and shoulder MRI imaging. An October 30, 2014 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On said October 30, 2014 progress note, the applicant reported multifocal complaints of bilateral hand, hip, neck, knee, and shoulder pain with derivative complaints of anxiety, depression, and memory loss. MRI imaging of the cervical spine, lumbar spine, knee, and shoulder were endorsed to "establish the presence of disk pathology" and to "rule out internal derangement." Electrodiagnostic testing of the bilateral upper and bilateral lower extremities was also sought while the applicant was kept off of work, on total temporary disability. The applicant was asked to continue physical therapy in the interim. A walker and home health care for the purposes of assistance with cooking, cleaning, grocery shopping and traveling was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) MRI of the right knee: 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): 335-336.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, pages 335-336 does acknowledge that MRI imaging can be employed to confirm various diagnoses involving the knee, including meniscus tear, collateral ligament tear, anterior cruciate ligament tear, posterior cruciate ligament tear, and/or patellar tendinitis, ACOEM qualifies this recommendation by noting that such testing is indicated only if surgery is being considered or contemplated. Here, however, there was/is no clear or compelling evidence that the applicant was/is considering any kind of surgical intervention involving the injured knee based on the outcome of the study in question. The fact that multiple MRI studies of multiple different body parts, namely the cervical spine, shoulder, lumbar spine, and knee, were concurrently sought significantly reduce the likelihood of the applicant's acting on the results of any one particular study and/or consider surgical intervention based on the outcome of the same. Furthermore, the attending provider's progress notes seemingly suggested that these studies are being sought for academic or evaluative purposes, with no clear intention of acting on the results of the same. Therefore, the request is not medically necessary.

One (1) MRI of the left shoulder: 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): 214.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of MRI or arthrography of the shoulder for evaluation purposes without surgical indications is deemed "not recommended." Here, as with the preceding request, the attending provider had no clearly stated intention of acting on the results of the proposed shoulder MRI. Rather, the attending provider suggested that he was performing MRI studies of the shoulder, knee, cervical spine, and lumbar spine for academic evaluation purposes, to assess the presence or absence of loss of structural integrity. The attending provider, by implication, was not planning to act on the results of the shoulder MRI. There was no mention of the applicant's planning to undergo a surgical intervention involving the injured shoulder based on the outcome of the study in question. Therefore, the request is not medically necessary.