

<b>Case Number:</b>	CM15-0102844		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	05/06/2014
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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, Massachusetts  
 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 injured worker is a 65 year old female, who sustained an industrial injury on 5/6/14. She reported pain in the left hip, knee, and ankle. The injured worker was diagnosed as having internal derangement of the right shoulder with impingement syndrome, chronic lumbosacral strain rule out sacroiliitis/facet syndrome versus disc injury, and left ankle sprain lateral ligament complex with sinus tarsi syndrome. Treatment to date has included physical therapy, ice/heat application, acupuncture, and medication. Physical examination findings on 5/6/15 included spasm and guarding in the left lumbar paravertebral region, a negative straight leg raise, pain with inversion of the left foot and ankle, tenderness to palpation along the lateral aspect of the ankle, and tenderness over the sinus tarsi on the left ankle. Currently, the injured worker complains of right shoulder pain, left-sided low back pain, and left lateral ankle pain. The treating physician requested authorization for an X-ray of the pelvis and a MRI of the left ankle, lumbar spine, and right shoulder. The treating physician noted given the findings on physical examination and the persistence of the injured worker's symptoms MRIs and X-rays are needed to come up with a more definitive treatment plan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-rays of the pelvis, QTY: 1:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis, X-ray.

**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/ Xray.

**Decision rationale:** The clinic notes state that the IW has symptoms consistent with sacroiliitis and the provider requests an x-ray of the pelvis, which is the appropriate initial radiographic diagnostic. The peer reviewer states that xray of the pelvis is not appropriate since "the patient had an xray on 5/6/15 and there is no documentation as to why a repeat x-ray is needed". From my review of the records this review is for the xray requested on 5/6/15; I did not find a pelvic xray that was done prior to this request on 5/6/15, therefore this is not a valid reason to deny the requested xray. Considering that, there was no prior xray of the pelvis done and there is a question of sacroiliitis, x-ray of the pelvis is medically necessary.

**MRI of the left ankle, QTY: 1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

**Decision rationale:** According to ACOEM guidelines, disorders of the soft tissue including tendons with negative xrays do not require further testing with MRI. However, ACOEM guidelines states that in cases of delayed recovery following conservative therapy, additional diagnostic imaging such as MRI is indicated to assess diagnoses of osteochondritis dissecans resulting from trauma to the ankle. The peer reviewer states that there is no documentation of this in the records, however from my review of the record it appears that the IW has had delayed recovery to the ankle. There continues to be objective evidence of antalgic gait, pain with ambulation, decreased range of motion despite conservative therapy. Therefore, MRI of the ankle is medically necessary at this time.

**MRI of the lumbar spine, QTY: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-2.

**Decision rationale:** According to ACOEM guidelines, lumbar MRI may be indicated if there is "unequivocal objective findings that identify specific nerve compromise on the neurologic

examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". While the IW has not responded to treatment, there is no indication from objective findings that a specific nerve compromise is involved in the patient's symptoms as there is no report of radicular symptoms or radicular findings on exam. Consequently, lumbar MRI is not clinically medically necessary at this time.

**MRI of the right 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): 202.

**Decision rationale:** The IW has reported symptoms of chronic right shoulder pain with impingement signs noted on exam. From the cited guidelines, impingement syndrome is not a clinical reason for evaluation by an MRI. Diagnosis can be made from exam and symptoms (as is the case with this IW), and therefore MRI does not make a substantial difference in clinical decision making. Consequently, MRI is not clinically medically necessary at this time.