MAXIMUS Federal Services

Case Number:	CM15-0102989		
Date Assigned:	06/05/2015	Date of Injury:	07/24/2012
Decision Date:	07/10/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	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
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 46 year old male, who sustained an industrial injury on 7/24/14. He reported injury to his right shoulder, back and left knee when he rolled a backhoe he was operating. The injured worker was diagnosed as having degeneration of thoracic or lumbar intervertebral disc, right shoulder impingement syndrome, C6-C7 degenerative disc disease and lumbar disc displacement without myelopathy. Treatment to date has included a right shoulder MRA, right shoulder arthroscopy on 11/10/14, physical therapy and oral medications. As of the PR2 dated 3/31/15, the injured worker reports pain in his head, back, right shoulder and left knee. He rates his back pain an 8/10, headache a 4/10, right shoulder pain a 7/10 and left knee pain an 8/10. Objective findings include a positive Neer test in the right shoulder; left knee flexion is 95/130 and a positive McMurray's test. On 4/16/15, the injured worker reported marked pain on the top of his right shoulder. Range of motion was 165-170 degrees of forward flexion, 170 degrees abduction with pain and good strength of the abductor and external rotators of the right shoulder. The treating physician requested an MRI of the left knee without contrast, an MRI of the right shoulder without contrast, a pain management consultation, quarterly labs, and a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines state that an MRI of the knee is indicated if internal derangement is suspected. There is no documentation of suspected internal derangement. No red-flag indications are present in the medical record. Therefore; MRI of the knee without contrast is not medically necessary.

MRI without contrast 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): 208.

Decision rationale: According to the MTUS, the primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The medical record is lacking documentation in any of the above criteria. Therefore; MRI without contrast right shoulder is not medically necessary.

Pain Management Consultation: 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 ACOEM Practice Guidelines, 2nd Edition, 2004, Chapter 7, Independent Medical Examinations and Consultations, page 132.

Decision rationale: According to the MTUS, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. Therefore; Pain Management Consultation is not medically necessary.

Quarterly Labs (unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: The laboratory tests are not specified. "Quarterly labs" may indicate labs obtained for use of NSAIDs or possibly narcotics. It is unknown. According to the MTUS, the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. There is no documentation in the medical record that the laboratory studies were to be used for any of the above indications. Therefore; Quarterly Labs (unspecified) are not medically necessary.

Toxicology Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. There is no documentation in the medical record that a urine drug screen is necessary for any of the above indications. Therefore; Toxicology Urine Drug Screen is not medically necessary.