

Case Number:	CM15-0107408		
Date Assigned:	06/11/2015	Date of Injury:	04/09/2015
Decision Date:	07/13/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/03/2015

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: Physical Medicine & Rehabilitation

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 51 year old female, who sustained an industrial injury on 4/9/15. She reported head, neck, left ankle, left wrist, jaw and head injury after involved in a MVA with a semi-truck. The injured worker was diagnosed as having cervical strain, thoracic strain, lumbar strain, head contusion, left wrist strain and left ankle strain. Treatment to date has included oral medications including Tylenol and ibuprofen, activity restrictions and physical therapy. (CT) computerized tomography scan of the brain performed on 4/11/15 revealed a normal scan, x-ray of left ankle was normal and x-ray of left wrist was normal. Currently, the injured worker complains of continued mid back, low back, left knee and left shoulder/wrist pain. She may work at modified duties. Physical exam noted mild pain on palpation of bilateral thoracic paraspinal muscles, moderate tenderness to palpation of bilateral lumbar paraspinal muscles and normal exam of left ankle and left wrist. The treatment plan included continuation of ibuprofen, Tylenol, Robaxin, continued physical therapy, modified duty, follow up appointment and (MRI) magnetic resonance imaging of left shoulder and left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Left shoulder Qty:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 217. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic) - Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Chapter 9, Shoulder Complaints, Special Studies and Diagnostic Considerations, page 209.

Decision rationale: Per MTUS Treatment Guidelines, criteria for ordering imaging studies are, red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Clinical report does not demonstrate such criteria and without clear specific evidence to support the diagnostic studies, medical necessity for shoulder MRI has not been established. The MRI of Left shoulder Qty: 1.00 is not medically necessary and appropriate.

MRI of Left Knee Qty:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic) - Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Chapter 13 Knee, Diagnostic Imaging, page 341-343.

Decision rationale: The patient has unchanged symptom complaints without clinical change, red-flag conditions or functional deterioration. Besides continuous intermittent pain complaints exam is without neurological deficits, there is also no report of limitations, acute flare-up or new injuries. There is no report of failed conservative trial or limitations with ADLs that would support for the MRI without significant acute findings. There is no x-ray of the knee for review. Guidelines states that most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results). The MRI of Left Knee Qty: 1.00 is not medically necessary and appropriate.