

Case Number:	CM15-0108667		
Date Assigned:	06/15/2015	Date of Injury:	10/08/2014
Decision Date:	07/14/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/05/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 58-year-old male, with a reported date of injury of 10/08/2014. The diagnoses include cervical spine sprain/strain with radiculitis, rule out herniated disc; lumbar spine sprain/strain with radiculitis, rule out herniated disc; right shoulder impingement syndrome, rule out internal derangement; and right knee sprain/strain, rule out internal derangement. Treatments to date have included physical therapy and an MRI of the right knee. The initial comprehensive evaluation report dated 04/07/2015 indicates that the injured worker complained of neck pain with radiation into the back of the head, causing headaches and into his upper back and down to his right shoulder and arm. The neck pain was rated 5 out of 10. He complained of low back pain with radiation into the buttocks and thighs down to the bilateral legs and toes, rated 6-8 out of 10. The injured worker also complained of right shoulder pain with radiation to the right arm and into his hand and fingers and neck. There was also a complaint of right knee pain, rated 7-8 out of 10. The physical examination of the cervical spine showed tenderness over the paraspinal muscles, trapezius, and parascapular muscles bilaterally, tenderness to palpation over the cervical spine process from C4-C7, a positive cervical compression test bilaterally, positive bilateral shoulder depression test, and decreased cervical range of motion. An examination of the right shoulder showed positive impingement test, tenderness over the acromioclavicular joint, coracoid process, bicipital groove, deltoid bursae, and glenohumeral joint on the right, and decreased right shoulder range of motion. The examination of the lumbar spine showed tenderness and spasms over the paralumbar muscles, sacroiliac joint, sciatic notch and sacral base bilaterally, tenderness and spasm over the spinous

processes from L3-S1 bilaterally, positive right straight leg raise test, pain with range of motion, and decreased range of motion. An examination of the right knee showed medial and lateral joint line tenderness, tenderness of the popliteal fossa, positive anterior drawer's sign, positive McMurray's test, and decreased range of motion. The treating physician requested a pain management consultation, six acupuncture sessions for the cervical and lumbar spine and right upper extremities, x-rays of the cervical spine, lumbar spine, and right shoulder, x-ray of the right knee in 3-D, an MRI of the cervical spine and right shoulder in 3-D, and an MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays right knee 3D: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347.

Decision rationale: According to the ACOEM guidelines, knee x-rays are recommended for red flag symptoms and optional for hemarthrosis. It is not recommended for most knee complaints. In addition, there was no indication for a 3-d x-ray of the knee. In this case, the injury was remote and the claimant had a prior MRI of the knee. The request for a knee 3-D x-ray is not medically necessary.

MRI C/S 3D: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. X-rays were simultaneously requested. The reason for the MRI was not substantiated. The request for a 3D MRI of the cervical spine is not medically necessary.