

Case Number:	CM15-0131317		
Date Assigned:	07/17/2015	Date of Injury:	01/16/1992
Decision Date:	08/17/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/07/2015

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: Texas, New York, 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 71-year-old who has filed a claim for chronic shoulder, hip, knee, low back, and neck pain reportedly associated with an industrial injury of January 16, 1992. In a Utilization Review report dated June 16, 2015, the claims administrator failed to approve requests for bilateral shoulder MRIs, a right hip MRI, and a lumbar MRI. The claims administrator referenced an RFA form received on June 9, 2015 in its determination, along with an office visit dated May 29, 2015. The applicant's attorney subsequently appealed. In a progress note dated May 29, 2015, the applicant reported multifocal complaints of bilateral knee, left hip, bilateral shoulder, and right ankle pain, 8-9/10. The applicant was unable to tolerate work and was on total temporary disability, it was reported. The applicant had had recent electrodiagnostic testing of the lower extremities and MRI imaging of the neck, it was stated, the results of which were not clearly reported. The applicant's medications included naproxen, Prilosec, Zofran, Zanaflex, MS Contin, Norco, senna, Voltaren, and Lunesta, it was reported. The applicant was also using a TENS unit. The applicant exhibited shoulder range of motion with flexion to 130 degrees about the left shoulder and 150 degrees about the right shoulder. Tenderness and crepitation about the knees were appreciated. Well-preserved bilateral hip range of motion was noted. The applicant had also developed issues with adjustment disorder, it was reported. Electrodiagnostic testing of the bilateral upper and bilateral lower extremities, MRI imaging of the lumbar spine, MRI imaging of the bilateral shoulders, and MRI imaging of the right hip were sought. The applicant was given a Toradol injection in the clinic. The attending provider did not furnish a rationale for any of the MRI studies in question. It was not stated how said MRI

studies would influence or alter the treatment plan. It was not stated what was sought and/or what was suspected here.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral shoulder MRI studies (intra-articular contrast/MR arthrograms): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessment Approaches.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: No, the request for bilateral shoulder MRI studies is not medically necessary, medically appropriate, or indicated here. 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 without surgical indications is deemed "not recommended". Here, it was not clearly stated how the proposed shoulder MRI would influence or alter the treatment plan. There was no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving either shoulder based on the outcome of the study in question. The fact that so many different MRI studies and electrodiagnostic studies were concurrently ordered significantly reduced the likelihood of the applicant's acting on the results of any one study and/or go on to consider surgical intervention based on the outcome of the same. Therefore, the request is not medically necessary.

Right hip MRI (intra-articular contrast/MR arthrogram): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessment Approaches.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Hip and Groin Disorders, pg. 433.

Decision rationale: Similarly, the request for MRI imaging of the right hip is likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Hip Chapter notes that MRI imaging is not recommended for routine evaluation purposes for applicants with chronic hip joint pathology, as was/is present here. Here, little-to-no rationale accompanied the request for hip MRI imaging. It was not stated what was sought. It was not stated what was suspected. The fact that right hip MRI imaging, bilateral shoulder MRI imaging, lumbar MRI imaging, and electrodiagnostic of the bilateral upper and bilateral lower extremities were concurrently ordered, however, strongly suggested that the hip MRI at issue was in fact ordered for routine evaluation purposes, despite the unfavorable ACOEM position on the same. There was no evidence that the applicant would have acted on the results of the hip MRI study and/or went on to consider surgical intervention based on the outcome of the same. Therefore, the request is not medically necessary.

Lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessment Approaches.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: Finally, the request for lumbar MRI imaging is likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnosis was being evaluated. Here, however, there was no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving the lumbar spine based on the outcome of the study in question. The fact that multiple different MRI studies were concurrently ordered significantly reduced the likelihood of the applicant's acting on the results of any one study and/or go on to consider surgical intervention based on the outcome of the same. Therefore, the request is not medically necessary.