

Case Number:	CM15-0132437		
Date Assigned:	07/24/2015	Date of Injury:	04/15/2011
Decision Date:	10/07/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/09/2015

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: 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 59 year old male, who sustained an industrial injury on April 15, 2011. He reported injury to his chest and bilateral shoulders. The injured worker was currently diagnosed as having full thickness rotator cuff tear, left shoulder impingement syndrome, SLAP tear of shoulder, chest wall contusion, mid back pain, frozen shoulder syndrome, rotator cuff disorder, myocardial contusion, lung contusion, costochondritis, thoracic outlet syndrome and tendonitis of foot. Treatment to date has included diagnostic studies, surgery, physical therapy, cortisone injection to shoulder and medications. On July 14, 2015, the injured worker complained of bilateral shoulder pain with limited range of motion. He has uncontrollable twitching of the left arm, constant ache and sharp pain with cold weather. He also reported his chest feels loose and is painful with certain movements. The treatment plan included pain management consultation and a follow-up visit. On June 16, 2015, Utilization Review non-certified the request for MRI of the thoracic spine, CT of the chest, bone scan, x-rays cervical spine, x-rays thoracic spine, x-ray of left rib series, x-ray chest PA and lateral and EMG/NCS of the bilateral upper extremities, citing California MTUS ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the CA MTUS ACOEM neck and upper back chapter, if physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause such as an MRI for neural or other soft tissue, and CT for bony structures. In this case, the medical records do not establish evidence of red flags or neurological deficits on clinical examination that would support the request for advanced imaging studies. The medical records also do not establish evidence of re-injury to support the requested study. The request for MRI of the thoracic spine is not medically necessary and appropriate.

EMG/NCS of the bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the MTUS ACOEM guidelines, appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. In this case, the medical records note examination findings of carpal tunnel syndrome and the request for electrodiagnostic studies for further confirmation is supported. The request for EMG/NCS of the bilateral upper extremities is medically necessary and appropriate.

CT of the chest: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary Chapter / CT (computed tomography).

Decision rationale: According to the Official Disability Guidelines pulmonary chapter, T (computed tomography) is the preferred method of establishing the diagnosis of bronchiectasis. CT is recommended as high-resolution CT imaging in the evaluation of individuals with presumed interstitial lung disease or bronchiectasis. Computed tomography (CT) remains the

main imaging technique for the preoperative staging and post-therapeutic evaluation of bronchogenic carcinoma. For patients with either a known or suspected lung cancer who are eligible for treatment, a computed tomography (CT) scan of the chest should be performed. Findings suggest that low dose computed tomography may be at least as useful in asbestos workers as in heavy smokers for the early diagnosis of lung cancer. In this case, the medical records do not establish that the injured worker meet the criteria for undergoing CT of the chest. The request for CT of the chest is not medically necessary and appropriate.

Bone scan: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the MTUS ACOEM guidelines, criteria for ordering special studies include: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. It also states that physiologic evidence may be in the form of definitive neurologic findings on physical exam, electrodiagnostic studies, lab tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The medical records do not establish red flags or evidence of examination findings that would support the request for bone scan. The request for bone scan is not medically necessary and appropriate.

X-rays of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Per the MTUS ACOEM guidelines, cervical radiographs are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise. Criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The medical records do not establish evidence of red flags or positive physical examination findings to support the request for cervical x-rays. The request for X-rays of the cervical spine is not medically necessary and appropriate.

X-rays of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Per the MTUS ACOEM guidelines, criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The medical records do not establish evidence of red flags or positive physical examination findings to support the request for thoracic x-rays. The request for X-rays of the thoracic spine is not medically necessary and appropriate.

X-rays of the left rib series: Overturned

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 Official Disability Guidelines (ODG) Pulmonary Chapter / Chest X-rays.

Decision rationale: According to the Official Disability Guidelines routine chest radiographs are not recommended in asymptomatic patients with unremarkable history and physical. A chest x-ray is typically the first imaging test used to help diagnose symptoms such as: shortness of breath, a bad or persistent cough, chest pain or injury and fever. The history and examination findings support the request for rib x-rays. The request for X-rays of the left rib series is medically necessary and appropriate.

X-rays of the chest, PA, and lateral: Overturned

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 Official Disability Guidelines (ODG) Pulmonary Chapter /Chest X-rays.

Decision rationale: According to the Official Disability Guidelines routine chest radiographs are not recommended in asymptomatic patients with unremarkable history and physical. A chest x-ray is typically the first imaging test used to help diagnose symptoms such as: shortness of breath, a bad or persistent cough, chest pain or injury and fever. The history and examination findings support the request for chest x-rays. The request for X-rays of the chest, PA, and lateral is medically necessary and appropriate.