

Case Number:	CM15-0143864		
Date Assigned:	08/03/2015	Date of Injury:	12/07/2013
Decision Date:	09/22/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/24/2015

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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 43-year-old male, who sustained an industrial injury on 12-7-2013. The mechanism of injury was being in a truck that was flipped over due to wind. The injured worker was diagnosed as having cervical 4-7 myelopathy, right shoulder impingement syndrome-status post arthroscopy with acromioplasty and right acromioclavicular joint disease. Bilateral shoulder x rays showed bilateral acromioclavicular joint disease. Treatment to date has included surgery, therapy and medication management. In a progress note dated 6-22-2015, the injured worker complains of neck pain radiating to the bilateral upper extremities and bilateral shoulder pain. Physical examination showed bilateral acromioclavicular tenderness. The treating physician is requesting an acromioclavicular joint injection, right ankle, right hip and lumbar spine magnetic resonance imaging and 6 sessions of chiropractic care for the cervical, lumbar, shoulder, bilateral knees and arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

AC joint injection of right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

Decision rationale: Invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and non-steroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. In this case, the patient has no AC joint because he has had resection of the AC joint. The request is not medically necessary.

MRI right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot: Magnetic resonance imaging (MRI).

Decision rationale: MRI provides a more definitive visualization of soft tissue structures, including ligaments, tendons, joint capsule, menisci and joint cartilage structures, than x-ray or Computerized Axial Tomography in the evaluation of traumatic or degenerative injuries. The majority of patients with heel pain can be successfully treated conservatively, but in cases requiring surgery (e.g., plantar fascia rupture in competitive athletes, deeply infiltrating plantar fibromatosis, masses causing tarsal tunnel syndrome), MR imaging is especially useful in planning surgical treatment by showing the exact location and extent of the lesion. MRI is being used with increasing frequency and seems to have become more popular as a screening tool rather than as an adjunct to narrow specific diagnoses or plan operative interventions. This study suggests that many of the pre-referral foot or ankle MRI scans obtained before evaluation by a foot and ankle specialist are not necessary. Indications for imaging MRI (magnetic resonance imaging): Chronic ankle pain, suspected osteochondral injury, plain films normal. Chronic ankle pain, suspected tendinopathy, plain films normal. Chronic ankle pain, pain of uncertain etiology, plain films normal. Chronic foot pain, pain and tenderness over navicular tuberosity unresponsive to conservative therapy, plain radiographs showed accessory navicular. Chronic foot pain, athlete with pain and tenderness over tarsal navicular, plain radiographs are unremarkable. Chronic foot pain, burning pain and paresthesias along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome. Chronic foot pain, pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected. Chronic foot pain, young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically. In this case, there is no documentation that the patient is experiencing chronic ankle or foot pain. Medical necessity has not been established. The request is not medically necessary.

MRI right hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, MRI (magnetic resonance imaging).

Decision rationale: MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should in general be the first imaging technique employed following plain films. MRI seems to be the modality of choice for the next step after plain radiographs in evaluation of select patients with an occult hip fracture in whom plain radiographs are negative and suspicion is high for occult fracture. This imaging is highly sensitive and specific for hip fracture. Indications for MRI are as follows: Osseous, articular or soft-tissue abnormalities; Osteonecrosis; Occult acute and stress fracture; Acute and chronic soft-tissue injuries; Tumors. In this case, there is no documentation that the patient is experiencing hip pain. There are no red flags or concern for occult fracture. The request is not medically necessary.

MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar and Thoracic MRIs.

Decision rationale: MRI of the spine is recommended for indications below. MRIs are test of choice for patients with prior back surgery. MRI of the lumbar spine for uncomplicated low back pain, with radiculopathy, is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Indications for imaging Magnetic resonance imaging: Thoracic spine trauma: with neurological deficit. Lumbar spine trauma: trauma, neurological deficit. Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit). Uncomplicated low back pain, suspicion of cancer, infection, other 'red flags'. Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. Uncomplicated low back pain, prior lumbar surgery. Uncomplicated low back pain, cauda equina syndrome. Myelopathy (neurological deficit related to the spinal cord), traumatic. Myelopathy, painful. Myelopathy, sudden onset. Myelopathy, stepwise progressive. Myelopathy, slowly progressive. Myelopathy, infectious disease patient. Myelopathy, oncology patient. In this case, the patient had MRI of the lumbar spine March 2014. There is no documentation of significant change in symptoms and/or findings suggestive of significant pathology. Medical necessity has not been established. The request is not medically necessary.

Chiropractic 2 x wk x 3 wks Cervical, Lumbar, Shoulder, Bilateral Knees, Arm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 57.

Decision rationale: Manual therapy and evaluation are recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Recommended treatment parameters are as follows: Time to produce effect: 4-6 treatments, frequency of 1-2 times per week with maximum duration of 8 weeks. In this case the patient had neck pain radiating into his bilateral upper extremities, bilateral shoulder pain, and lower back pain radiating into his bilateral lower extremities. Therapy for knees and arm are not medically necessary. The request is not medically necessary.