

Case Number:	CM15-0147814		
Date Assigned:	08/10/2015	Date of Injury:	03/17/2010
Decision Date:	09/17/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/29/2015

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: North Carolina, Georgia
 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 65-year-old male who sustained an industrial injury on 3-17-10. The mechanism of injury was unclear. He currently complains of neck pain radiating to left arm; low back pain radiating to right leg; right shoulder pain. On physical exam of the cervical spine there was decreased range of motion, positive triggers, positive Spurling; right shoulder had decreased range of motion, Hawkins's, Neer's and O'Brien tests difficult to assess due to pain; lumbar spine showed decreased range of motion, positive triggers, positive straight leg raise. Medication was aspirin. Diagnoses include lumbago; pain in joint forearm; pain in joint shoulder; cervicgia; status post arthroscopy and open surgery right shoulder. Diagnostics include x-rays of cervical spine, lumbar spine, right shoulder, right wrist (5-21-15) no results available for review. In the progress note dated 5-21-15 the treating provider's plan of care included requests for MRI of the cervical spine; MRI of the lumbar spine; MRI of the right wrist; MRI of the right shoulder with arthrogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open MRI cervical spine QTY 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

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

Decision rationale: ACOEM chapter on neck complaints describes that MRI is indicated when there are unequivocal objective findings of specific nerve compromise in a person with symptoms who do not respond to treatment and for whom surgery would be a reasonable intervention. The medical record documents positive findings of left cervical radiculopathy with corresponding abnormalities on plain films. Surgery is planned. MRI cervical spine is medically necessary.

Open MRI lumbar spine QTY1: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: ACOEM chapter on back complaints describes that MRI is indicated when there are unequivocal objective findings of specific nerve compromise in a person with symptoms who do not respond to treatment and for whom surgery would be a reasonable intervention. The record indicates physical examination findings consistent with right sided radiculopathy and a review of plain films, which support a possible diagnosis of disc disease in the same area. Steroid injections are being considered as a surgical intervention. MRI lumbar spine is medically necessary.

Open MRI right wrist QTY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm/Wrist/Hand, MRI.

Decision rationale: CA MTUS does not address the indications for MRI of the wrist. ODG section on Forearm, Wrist and Hand outlines the indications for MRI of the wrist which include: Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required; Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required; Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury); Chronic wrist pain, plain films normal, suspect soft tissue tumor; Chronic wrist pain, plain film normal or equivocal, suspect Kienbock's disease; Repeat MRI is not routinely recommended, and should be reserved

for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the complaint is a chronic complaint with no acute component. MRI of wrist is not medically necessary.

Open MRI right shoulder with arthrogram QTY 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

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

Decision rationale: ACOEM chapter on shoulder complaints describes that MRI is recommended for pre-operative evaluation of partial or full thickness rotator cuff tears. MRI is not recommended for routine investigation of the shoulder joint for evaluation without surgical indication. The submitted medical records describe concern for rotator cuff pathology and note failed prior surgery x 2. Surgical intervention is being considered. As such, shoulder MRI with arthrogram is medically necessary.