Case Number:	CM15-0149734		
Date Assigned:	08/12/2015	**Date of Injury:**	03/01/2013
Decision Date:	09/09/2015	**UR Denial Date:**	07/22/2015
Priority:	Standard	**Application Received:**	08/03/2015

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 34 year old male, who sustained an industrial injury on 03-01-2013. Initial complaints and diagnosis were not clearly documented. On provider visit dated 06-18-2015 the injured worker has reported neck, low back and right ankle pain. On examination of the lumbar spine range of motion was noted as 60 degrees on flexion and 20 degrees on extension. Tenderness to palpation over the bilateral lumbar paraspinal in muscles consistent with spasms was noted. Gait was noted as antalgic. The injured worker was noted as still having problems with motion loss, and pain in cervical area with radiation to the left arm, hand. The diagnoses have included cervicalgia, lumbago and fracture of tibia and fibula. Treatment to date has included chiropractic therapy, medication and psychotherapy. The provider requested left shoulder MRI without contrast and x-ray of rib cage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder MRI without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-9.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation ODG shoulder and pg 21.

Decision rationale: According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. According to the ODG guidelines, :Indications for imaging -- Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs, Subacute shoulder pain, suspect instability/labral tear, Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The claimant did not have acute rotator cuff tear findings or the suspected diagnosed was not identified. The MRI request of the shoulder is not medically necessary.

X-ray of rib cage: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pulmonary (Acute & Chronic): Radiography (diagnostic) 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pol J Radiol. 2012 Oct-Dec; 77(4): 13-16. PMCID: PMC3529706 Rib fracture: Different radiographic projections.

Decision rationale: Chest x-ray remains the most effective method of diagnosing rib fractures. Approximately 25% of them do not show on x-ray and are diagnosed upon physical examination. Rib fractures are problematic because normal breathing causes pain. Plain radiography of the chest with or without oblique views and optimized by the technician for bony details (bone technique) has historically been the test of choice for diagnostic imaging. Based on the physician's suspicion of a rib fracture and need to identify other underlying pathology, the request for an x-ray of the ribs is appropriate.