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| Case Number: | CM15-0166261 | | |
| Date Assigned: | 09/03/2015 | Date of Injury: | 08/12/2011 |
| Decision Date: | 10/06/2015 | UR Denial Date: | 08/24/2015 |
| Priority: | Standard | Application Received: | 08/24/2015 |

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: California

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 50 year old female who sustained an industrial injury on 8-12-2011. She fell over products and injured her entire back. She has reported right shoulder pain, right thumb pain, low back pain, and neck pain and has been diagnosed with lumbar degenerative disc disease; low back pain with bilateral lower extremity radicular pain along with numbness and tingling, cervical multilevel degenerative disc disease; neck pain and right upper extremity radicular pain, and history of frozen shoulder, status post recent manipulation under anesthesia. Treatment has included medications and physical therapy. There was tenderness in the low back, involving the lumbar paraspinal muscles and also the upper gluteal muscles. There was tenderness over the lower lumbar spine processes, but also at the mid lumbar region. There was pain with posterior extension. Straight leg raise was positive bilaterally. The treatment request included medications, drug screen, follow up, and MMI with respect to pain management. The treatment request included a MRI arthrogram for the right shoulder, MRI without contrast for the left shoulder, and transportation for MRI appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI arthrogram for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The requested MRI arthrogram for the right shoulder is not medically necessary. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations, page 207-209, recommend an imaging study of the shoulder with documented exam evidence of ligament instability, internal derangement, impingement syndrome or rotator cuff tear, after failed therapy trial; and recommends MR arthrograms for suspected labral tears. The treating physician has documented right shoulder pain, right thumb pain, low back pain, and neck pain and has been diagnosed with lumbar degenerative disc disease; low back pain with bilateral lower extremity radicular pain along with numbness and tingling, cervical multilevel degenerative disc disease; neck pain and right upper extremity radicular pain, and history of frozen shoulder, status post recent manipulation under anesthesia. Treatment has included medications and physical therapy. There was tenderness in the low back, involving the lumbar paraspinal muscles and also the upper gluteal muscles. There was tenderness over the lower lumbar spine processes, but also at the mid lumbar region. There was pain with posterior extension. Bilateral shoulder range of motion was noted as forward flexion and abduction at 165 degrees, external rotation at 90 and internal rotation to T8 - within normal limits. The treating physician has not documented recent physical therapy trials to improve muscle strength or range of motion. The treating physician has not documented exam evidence indicative of impingement syndrome, rotator cuff tear or internal joint derangement, nor evidence of an acute clinical change since a previous imaging study. The criteria noted above not having been met, MRI arthrogram for the right shoulder is not medically necessary.

MRI w/out contrast for the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The requested MRI w/out contrast for the left shoulder is not medically necessary. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations, page 207-209, recommend an imaging study of the shoulder with documented exam evidence of ligament instability, internal derangement, impingement syndrome or rotator cuff tear, after failed therapy trial; and recommends MR arthrograms for suspected labral tears. The treating physician has documented right shoulder pain, right thumb pain, low back pain, and neck pain and has been diagnosed with lumbar degenerative disc disease; low back pain with bilateral

lower extremity radicular pain along with numbness and tingling, cervical multilevel degenerative disc disease; neck pain and right upper extremity radicular pain, and history of frozen shoulder, status post recent manipulation under anesthesia. Treatment has included medications and physical therapy. There was tenderness in the low back, involving the lumbar paraspinal muscles and also the upper gluteal muscles. There was tenderness over the lower lumbar spine processes, but also at the mid lumbar region. There was pain with posterior extension. Bilateral shoulder range of motion was noted as forward flexion and abduction at 165 degrees, external rotation at 90 and internal rotation to T8 - within normal limits. The treating physician has not documented recent physical therapy trials to improve muscle strength or range of motion. The treating physician has not documented exam evidence indicative of impingement syndrome, rotator cuff tear or internal joint derangement, nor evidence of an acute clinical change since a previous imaging study. The criteria noted above not having been met, MRI w/out contrast for the left shoulder is not medically necessary.

Transportation for MRI appointment: Upheld

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) Knee and Leg, Back (Acute and Chronic), Transportation (to & from appointments).

Decision rationale: The requested Transportation for MRI appointment is not medically necessary. CA MTUS is silent on this issue. Official Disability Guidelines, Knee and Leg, Back (Acute and Chronic), Transportation (to & from appointments) note that transportation is "Recommended for medically- necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport." The treating physician has documented right shoulder pain, right thumb pain, low back pain, and neck pain and has been diagnosed with lumbar degenerative disc disease; low back pain with bilateral lower extremity radicular pain along with numbness and tingling, cervical multilevel degenerative disc disease; neck pain and right upper extremity radicular pain, and history of frozen shoulder, status post recent manipulation under anesthesia. Treatment has included medications and physical therapy. There was tenderness in the low back, involving the lumbar paraspinal muscles and also the upper gluteal muscles. There was tenderness over the lower lumbar spine processes, but also at the mid lumbar region. There was pain with posterior extension. Bilateral shoulder range of motion was noted as forward flexion and abduction at 165 degrees, external rotation at 90 and internal rotation to T8 - within normal limits. The treating physician has not documented detailed information as to disabilities preventing the injured worker from self-transport, or access to public transportation or access to family/friends providing necessary transportation. The criteria noted above not having been met, Transportation for MRI appointment is not medically necessary.