

Case Number:	CM15-0182063		
Date Assigned:	09/23/2015	Date of Injury:	12/13/2009
Decision Date:	11/02/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/16/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old female, who sustained an industrial injury on December 13, 2009. She reported neck pain, right shoulder pain, back pain, left knee pain and bilateral foot pain. The injured worker was diagnosed as having chronic cervical pain due to neuroforaminal narrowing at the cervical 3-4, 4-5 and 5-6 on magnetic resonance imaging (MRI) from 6-29-2010, chronic neuropathic pain in the neck, chronic post-traumatic headaches, chronic bilateral temporomandibular joint (TMJ) syndrome, chronic thoracic myofascial pain, chronic lumbosacral myofascial pain, chronic right cervical 6 sensory neuropathy, chronic left knee pain with medial meniscal injury, depression secondary to her industrial injury and disability with anxiety and probable panic disorder, hypertension and chest pain, periscapular pain, chronic vertigo, memory loss secondary to medications, probable plantar fasciitis bilaterally, chronic right shoulder pain, insomnia secondary to pain, bilateral ankle pain and chronic calcaneal pain. Treatment to date has included diagnostic studies, radiographic imaging, right shoulder surgery on 7-2-2010, foot injection on 10-11-2014, medications and work restrictions. Currently, the injured worker continues to report headaches, jaw pain, neck pain, right shoulder pain, back pain, left knee pain and bilateral foot pain. She also noted TMJ pain and persistent skin rash. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. Evaluation on February 2, 2015, revealed continued pain as noted. It was noted she was not able to work. Evaluation on April 27, 2015, revealed continued pain with associated symptoms. The range of motion was noted as decreased in the cervical spine, trunk, pelvis and right shoulder. She was still unable to work. Medications were continued and the physician recommended

magnetic resonance imaging (MRI) of the right shoulder and x-rays of the bilateral hips. The RFA included requests for MRI of the right shoulder, X-ray of left hip and X-ray of right hip and was non-certified on the utilization review (UR) on August 14, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of left 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 (ODG) Hip & Pelvis (updated 08/04/2015) Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip, Radiography, X-ray and MRI.

Decision rationale: The claimant was injured in 2009 with chronic cervical pain, headaches, TMJ syndrome, and lumbar pain. There is chronic right shoulder pain, and pain in other areas. Regarding imaging of the hip, the ODG notes: Recommended as indicated below; The indications for the image for the hip include: Osseous, articular or soft-tissue abnormalities; Osteonecrosis; Occult acute and stress fracture; Acute and chronic soft-tissue injuries; Tumors. It is not clear the claimant had these conditions. Pain alone, without physical signs of probable internal orthopedic derangement, is usually not a basis for imaging. The request is non-certified, therefore is not medically necessary.

X-ray of 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 (ODG) Hip & Pelvis (updated 08/04/2015) Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip, Imaging, Radiography and MRI.

Decision rationale: The claimant was injured in 2009 with chronic cervical pain, headaches, TMJ syndrome, and lumbar pain. There is chronic right shoulder pain, and pain in other areas. As shared previously, regarding imaging of the hip, the ODG notes: Recommended as indicated below; The indications for the image for the hip include: Osseous, articular or soft-tissue abnormalities; Osteonecrosis; Occult acute and stress fracture; Acute and chronic soft-tissue injuries; Tumors. It again is not clear from the clinical presentation that the claimant had these conditions. Pain alone, without physical signs of probable internal orthopedic derangement, is usually not a basis for imaging. The request is non-certified, therefore is not medically necessary.

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder 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) Shoulder, MRI.

Decision rationale: The claimant was injured in 2009 with chronic cervical pain, headaches, TMJ syndrome, and lumbar pain. There is chronic right shoulder pain, and pain in other areas. The MTUS was silent on shoulder MRI. Regarding shoulder MRI, the ODG notes it is indicted for acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs OR for subacute shoulder pain, suspect instability/labral tear. It is not clear what orthopedic signs point to a suspicion of instability or tearing, or if there has been a significant progression of objective signs in the shoulder to support advanced imaging. The request is appropriately non certified, therefore is not medically necessary.