

Case Number:	CM15-0197952		
Date Assigned:	10/13/2015	Date of Injury:	11/06/2014
Decision Date:	11/25/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/08/2015

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, Texas

Certification(s)/Specialty: Internal 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:

This 57 year old sustained an industrial injury via cumulative trauma from 2-1-00 to 11-6-14. Documentation indicated that the injured worker was receiving treatment for right shoulder impingement syndrome, lumbar spine sprain and strain and bilateral knee osteoarthritis. Previous treatment included physical therapy and medications. In an initial orthopedic consultation dated 8-24-15, the injured worker complained of ongoing neck, back, bilateral shoulder and bilateral knee pain. Physical exam was remarkable for right shoulder with tenderness to palpation in the coracoacromial ligament with mild swelling, positive impingement sign, weakness in all planes of motion at 4 out of 5, range of motion: abduction and forward flexion 180 degrees, internal rotation 90 degrees and extension and adduction to 60 degrees and lumbar spine with diffuse tenderness to palpation in the lumbosacral spine with range of motion: forward flexion 80 degrees, extension and bilateral lateral bend 10 degrees. The physician documented that x-rays of the right shoulder showed degenerative osteoarthritic changes of the acromial joint. X-rays of the lumbar spine showed narrowing at L4-5 and L5-S1 with notable osteophyte formation. The treatment plan included magnetic resonance imaging right shoulder and lumbar spine. On 9-14-15 Utilization Review noncertified a request for outpatient magnetic resonance imaging lumbar spine and right shoulder without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the ACOEM criteria for ordering an MRI for lumbar pain is emergence of a red flag (suspicion of a tumor, infection, fracture or dislocation), physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure. When the neurologic exam is not definitive further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. An EMG or NCS can obtain such information. In this case the primary treating physician does not document a neurological exam consistent with significant dysfunction that would indicate a red flag. There is no surgical intervention planned and the injured worker is not participating in a strengthening program. An MRI of the lumbar spine is not medically necessary.

MRI of the right shoulder without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: For most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. Routine testing and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. In this case the documentation does not show any positive orthopedic signs or failure of conservative treatment. There are no red flag symptoms. The request for shoulder MRI is not medically necessary.