

Case Number:	CM15-0200811		
Date Assigned:	10/15/2015	Date of Injury:	01/22/2015
Decision Date:	11/30/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/13/2015

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: New Jersey, New York
 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 57 year old male, who sustained an industrial injury on 1-22-2015. Medical records indicate the worker is undergoing treatment for bilateral shoulder sprain-strain, bilateral hand sprain-strain and right elbow sprain-strain. The most recent progress report dated 6-1-2015, reported the injured worker complained of pain in the bilateral shoulders and bilateral elbows, wrists and hands, rated 7 out of 10. Physical examination revealed bilateral shoulder tenderness of the rotator cuff muscles, supraspinatus and infraspinatus and positive impingement test and tenderness of the triangular fibrocartilage, distal radial-ulnar joint and right lateral epicondyle. The lumbar spine showed tenderness to palpation at the lumbar 5 facet joint and a positive straight leg raise test. Treatment to date has included physical therapy and medication management. The physician is requesting magnetic resonance imaging of the lumbar spine, magnetic resonance imaging of the bilateral shoulder and magnetic resonance imaging of the bilateral hands and arms. On 9-29-2015, the Utilization Review noncertified the request for magnetic resonance imaging of the lumbar spine, magnetic resonance imaging of the bilateral shoulder and magnetic resonance imaging of the bilateral hands and arms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Duration Guidelines, Treatment in Workers Compensation, 2015 web-based edition, http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

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

Decision rationale: The request for lumbar MRI is medically unnecessary. An MRI of lumbar spine is useful to identify specific nerve compromise found on physical exam. This patient did not have any documented worsening nerve deficits on exam. Indiscriminant imaging can result in false positive findings, such as disc bulges, that may not be the source of the pain or warrant surgery. Therefore, the request for lumbar MRI is medically unnecessary.

Magnetic Resonance Imaging (MRI) of the bilateral shoulders: 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) Shoulder, MRI.

Decision rationale: The request is considered not medically necessary. Because MTUS does not address shoulder MRIs, ODG guidelines were used. ODG states that a shoulder MRI is indicated for acute shoulder trauma, rotator cuff tear/impingement, or if instability and labral tears were suspected. In her most recent progress notes, there is no documentation of significant progression of exam findings or symptoms that would require imaging. MRI is not recommended unless symptoms and findings suggest significant pathology. Therefore, the request is considered not medically necessary.

Magnetic Resonance Imaging (MRI) of the bilateral hands and wrists: 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) Wrist/Hand MRI.

Decision rationale: The request is considered not medically necessary. According to ODG guidelines, an MRI of wrist/hand is warranted for Acute hand or wrist trauma, suspect acute distal radius fracture or acute scaphoid fracture; 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. The patient does not meet criteria for MRI of wrist/hand. There was no evidence of significant pathology requiring imaging with MRI. Therefore, the request is considered not medically necessary.