

Case Number:	CM15-0026380		
Date Assigned:	02/18/2015	Date of Injury:	09/12/2012
Decision Date:	03/31/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/11/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 53 year old female who sustained an industrial injury on 09/12/2012. Current diagnoses include lumbar spine musculoligamentous sprain/strain with bilateral sacroiliac joint sprain/strain, anterior spurring at L3-L4, multilevel facet joint osteoarthritis, and bilateral knee sprain/strain with patellofemoral arthralgia. Previous treatments included medication management, shoulder surgery, physical therapy, and shoulder injections. Report dated 01/27/2015 noted that the injured worker presented with complaints that included pain in shoulder and low back. Physical examination was positive for abnormal findings. Utilization review performed on 01/19/2015 non-certified a prescription for diagnostic ultrasound study of the left shoulder and MRI scan of the lumbar spine, based on the clinical information submitted does not support medical necessity. The guidelines referenced by the reviewer were not made clear for this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic ultrasound study of left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation ODG: Shoulder (Acute and chronic) - Ultrasound, diagnostic

Decision rationale: Diagnostic ultrasound study of left shoulder is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that when surgery is being considered for a specific anatomic defect (e.g., a full-thickness rotator cuff tear). Magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy although MRI is more sensitive and less specific. The ODG states that the results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears, although ultrasound may be better at picking up partial tears. The request for a diagnostic ultrasound study of the left shoulder is not medically necessary as the patient had a 1/31/15 left shoulder MRI. The ODG states that either MRI or ultrasound can be used to detect full thickness rotator cuff tears. Furthermore, the patient was suggested to have a shoulder surgery follow up for a possible shoulder arthroscopy. At this point the left shoulder diagnostic ultrasound is not medically necessary.

MRI of the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation ODG- Low back- MRIs (magnetic resonance imaging)

Decision rationale: MRI of the lumbar spine is not medically necessary per the MTUS and the ODG Guidelines. The MTUS recommends imaging studies be reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment. The ODG recommends a lumbar MRI when there is a suspected red flag condition such as cancer or infection or when there is a progressive neurologic deficit. The ODG states that lumbar MRIs are not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The documentation submitted does not reveal progressive neurologic deficits, or a red flag diagnoses. There is no documentation of prior physical therapy visits and outcome of these visits. The request for MRI of the lumbar spine is not medically necessary.