

Case Number:	CM15-0050415		
Date Assigned:	03/23/2015	Date of Injury:	03/09/2011
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/17/2015

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: Physical Medicine & Rehabilitation

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 a work/ industrial injury on 3/9/11. She has reported initial symptoms of right shoulder pain and along right side of neck. The injured worker was diagnosed as having adhesive capsulitis of shoulder. Treatments to date included medication, home exercise program, Transcutaneous Electrical Nerve Stimulation (TENS) unit, physical therapy, trigger point injections, aquatic therapy, and orthopedic consultation. Magnetic Resonance Imaging (MRI) of the right shoulder reported artifacts within the right shoulder consistent with post surgical changes, suture anchor noted within the right humeral head, prior rotator cuff repair, full thickness re-tear of the supraspinatus tendon with 1.4 cm tendon retraction. Currently, the injured worker complains of right shoulder pain rated 5/10. The treating physician's report (PR-2) from 1/12/15 indicated per examination, the lumbar spine flexion at 60 degrees, right/left rotation 10 degrees, negative straight leg raise (SLR), Trendelenburg's and Valsalva maneuver were negative. Gait was antalgic. There was localized mild tenderness over the right medial longitudinal arch, over the plantar fascia, and forefoot. Medications included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), Baby Aspirin, Lantus, Metformin, Topamax, Tylogen B-12 injection, Zocor, and Lisinopril. Treatment plan included Magnetic resonance imaging (MRI) of the right ankle and Magnetic resonance imaging (MRI) of the right foot.

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 right ankle, per 01/12/2015 order Qty: 1.00:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official disability guidelines foot and ankle chapter on MRI.

Decision rationale: The patient presents with right shoulder pain. The physician is requesting Magnetic Resonance Imaging (MRI) of the Right Ankle per 01/12/2015 Order, Quantity 1. The RFA was not made available for review. The patient's date of injury is from 03/09/2011, and her current work status was not made available. The ACOEM Guidelines chapter 14 page 374 on MRIs of the foot and ankle states, for patients with continued limitations of activity after 4 weeks of symptoms and unexplained physical findings such as effusion or localized pain especially following exercise, imaging may be indicated to clarify the diagnosis and assist reconditioning. Stress factors may have a benign appearance but point tenderness over the bone is indicative of a diagnosis and a radiograph or a bone scan may be ordered. Imaging findings should be correlated with physical findings. ACOEM further states that magnetic resonance imaging may be helpful to clarify diagnosis such as osteochondritis dissecans in cases of delayed recovery. ODG Guidelines under the foot and ankle chapter on MRI states that MRIs provide a more definitive visualization of soft tissue structures, including ligaments, tendons, joint capsules, menisci, and joint cartilage structures than x-ray or computerized axial tomography in the evaluation of traumatic or degenerative injuries. The records do not show any previous MRI of the right ankle. The 01/12/2015 progress report shows a normal exam of the right ankle/foot. No swelling was noted. There was pain in the heels. No neurological or sensory deficits were noted in the examination. In this case, the patient does not meet the guidelines for an MRI of the right ankle. The request is not medically necessary.

Magnetic resonance imaging (MRI) of the right foot, per 01/12/2015 order Qty: 1.00:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official disability guidelines foot and ankle chapter on MRI.

Decision rationale: The patient presents with right shoulder pain. The physician is requesting Magnetic Resonance Imaging (MRI) of the Right Foot per 01/12/2015 Order, Quantity 1. The RFA was not made available for review. The patient's date of injury is from 03/09/2011 and her current work status was not made available. The ACOEM Guidelines chapter 14 page 374 on

MRIs of the foot and ankle states, for patients with continued limitations of activity after 4 weeks of symptoms and unexplained physical findings such as effusion or localized pain especially following exercise, imaging may be indicated to clarify the diagnosis and assist reconditioning. Stress factors may have a benign appearance but point tenderness over the bone is indicative of a diagnosis and a radiograph or a bone scan may be ordered. Imaging findings should be correlated with physical findings. ACOEM further states that magnetic resonance imaging may be helpful to clarify diagnosis such as osteochondritis dissecans in cases of delayed recovery. ODG Guidelines under the foot and ankle chapter on MRI states that it is recommended as indicated below. MRI provides a more definitive visualization of soft tissue structures, including ligaments, tendons, joint capsules, menisci, and joint cartilage structures than x-ray or computerized axial tomography in the evaluation of traumatic or degenerative injuries. The records do not show any previous MRI of the right foot. The 01/12/2015 progress report shows a normal exam of the right ankle/foot. No swelling was noted. There was pain in the heels. There are no neurological or sensory deficits noted in the examination. In this case, the patient does not meet the guidelines for an MRI of the right foot. The request is not medically necessary.