

Case Number:	CM15-0080145		
Date Assigned:	05/01/2015	Date of Injury:	06/26/2005
Decision Date:	07/02/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/27/2015

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: 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 55 year old male who sustained a work related injury June 26, 2005. According to a primary treating physician's progress report, dated March 13, 2015, the injured worker presented with complaints of constant severe neck pain, frequent moderate upper/mid back pain, and constant severe lumbar spine pain, constant severe right shoulder pain, constant severe left shoulder pain, constant severe right and left knee pain, and chest pain. There is noted tenderness of both the pectoral and sternal region of the chest. Diagnoses are cervical disc syndrome; cervical radiculitis; degeneration of cervical intervertebral disc; thoracic myofascitis; thoracic sprain/strain; lumbar disc protrusion and radiculitis; right and left shoulder internal derangement; right and left knee internal derangement; unspecified chest pain. Treatment plan included request for authorization for functional capacity evaluation, MRI of the bilateral knee, MRI of the bilateral shoulders, and x-rays of the chest.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation(s): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty Chapter.

Decision rationale: According to the Official Disability Guidelines, functional capacity evaluation may be considered if case management is hampered by complex issues such as prior unsuccessful return to work or if timing is appropriate such as the injured worker being close or at MMI (Maximum Medical Improvement.) In this case, there is no evidence that case management is hampered by complex issues such as prior unsuccessful return to work. In addition, the injured worker is not at MMI (Maximum Medical Improvement) as conservative treatment has been requested and has been certified. The request for functional capacity evaluation is not medically necessary and appropriate.

X-rays of the chest: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Expert panel on Cardiac Imaging, ACR Appropriate Criteria chronic chest pain - low to intermediate probability of coronary artery disease (online publication), Reston (VA): American College of Radiology (ACR); 2012. 6 p. [37 references].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pulmonary Chapter.

Decision rationale: According to ODG, a chest x-ray is typically the first imaging test used to help diagnose symptoms such as: shortness of breath, or persistent cough, chest pain or injury and fever. The injured worker has presented complaining of chest pain and the request for chest plain film radiographs is supported per the cited guidelines. The request for X-rays of the chest is medically necessary and appropriate.

MRI of the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints page(s): 207.

Decision rationale: According to the ACOEM guidelines, 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. Most patients improve quickly, provided red flag conditions are ruled out. The medical records note that a recent course of conservative treatment has been certified. In the absence of red flags or lack of benefit with conservative

treatment, the request for advanced imaging studies is not supported. The request for MRI of the bilateral shoulders is not medically necessary and appropriate.

MRI of the bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints page(s): 341.

Decision rationale: According to the ACOEM guidelines, special studies are not needed to evaluate most knee complaints in patients who are able to walk without a limp, or who sustained a twisting injury without effusion, until after a period of conservative care and observation. The medical records note that a recent course of conservative treatment has been certified. In the absence of red flags or lack of benefit with conservative treatment, the request for advanced imaging studies is not supported. The request for MRI of the bilateral knees is not medically necessary and appropriate.