

Case Number:	CM14-0146685		
Date Assigned:	09/12/2014	Date of Injury:	03/14/2013
Decision Date:	10/28/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 60-year-old female with a 3/14/13 date of injury, and right shoulder arthroscopic rotator cuff repair on 2/10/14. At the time (8/25/14) of Decision for MRI of the lumbar spine without dye, there is documentation of subjective (bilateral knee and right shoulder pain) and objective (restricted range of motion of the right shoulder) findings. The current diagnoses are lower leg joint pain, bilateral knee arthropathy, right shoulder adhesive capsulitis, and status post right shoulder arthroscopy. The treatment to date includes medications and physical therapy for the right shoulder and bilateral knees. There is no documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and patient considered for surgery.

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 dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-304.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. Within the medical information available for review, there is documentation of diagnoses of lower leg joint pain, bilateral knee arthropathy, right shoulder adhesive capsulitis, and status post right shoulder arthroscopy. However, there is no documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and patient considered for surgery. Therefore, based on guidelines and a review of the evidence, the request for MRI of the lumbar spine without dye is not medically necessary.