

Case Number:	CM14-0091930		
Date Assigned:	07/25/2014	Date of Injury:	07/10/2012
Decision Date:	09/18/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/17/2014

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 Physical Medicine and Rehabilitation 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 66-year-old female with a 7/10/12 date of injury. At the time (5/5/14) of request for authorization for MRI of bilateral shoulders and MRI of the lumbar spine, there is documentation of subjective (intermittent pain on both wrists and hands and shoulders greater on left side with on and off lower back pain) and objective (swelling on left proximal thumb and tenderness left metacarpophalangeal) findings, current diagnoses (bilateral shoulder impingement syndrome, lumbar spine sprain/strain, and De Quervain's Tenosynovitis), and treatment to date (acupuncture, physical therapy, medications (including Tylenol), and activity modifications). Regarding MRI of bilateral shoulders, there is no documentation of preoperative evaluation of partial thickness or large full-thickness rotator cuff tears and normal plain radiographs. Regarding MRI of the lumbar spine, 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, and who are 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 bilateral shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, an evidence

based reference for workers compensation injuries Indications for imaging-Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Magnetic resonance imaging (MRI).

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of preoperative evaluation of partial thickness or large full-thickness rotator cuff tears, as criteria necessary to support the medical necessity of shoulder MRI. ODG identifies documentation of acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; subacute shoulder pain, or suspect instability/labral tear, as criteria necessary to support the medical necessity of shoulder MRI. Within the medical information available for review, there is documentation of diagnoses of bilateral shoulder impingement syndrome, lumbar spine sprain/strain, and De Quervain's Tenosynovitis. In addition, there is documentation of patient over age 40. However, there is no documentation of preoperative evaluation of partial thickness or large full-thickness rotator cuff tears. In addition, there is no documentation of normal plain radiographs. Therefore, based on guidelines and a review of the evidence, the request for MRI of bilateral shoulders is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back 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 bilateral shoulder impingement syndrome, lumbar spine sprain/strain, and De Quervain's Tenosynovitis. In addition, there is documentation of failure of conservative treatment. 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, and who are considered for surgery. Therefore, based on guidelines and a review of the evidence, the request for MRI of the lumbar spine is not medically necessary.