

Case Number:	CM14-0059984		
Date Assigned:	07/09/2014	Date of Injury:	02/23/2003
Decision Date:	05/14/2015	UR Denial Date:	04/12/2014
Priority:	Standard	Application Received:	04/30/2014

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. 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 66 year old male, who sustained an industrial injury on 2/23/03. He reported right shoulder pain/injury followed by neck and back a few hours later. The injured worker was diagnosed as having shoulder/upper arm strain/sprain, rotator cuff syndrome, cervical sprain/strain, cervical neuritis, and lumbosacral sprain/strain, lumbar disc syndrome without myelopathy and knee/leg sprain/strain. Treatment to date has included repair of rotator cuff, chiropractic treatment, activity restrictions, physical therapy, and oral medications. Currently, the injured worker complains of restricted range of motion of left shoulder, low back pain persistent with diffuse ache and numbness and tingling of posterior lateral leg and left knee ache; he also notes right shoulder pain has improved and is less restrictive. Upon physical exam decreased range of motion of cervical spine is noted with tenderness at mid cervical, left supraclavicular fossa and left suprascapular region, marked decreased range of motion of right shoulder is noted along with decreased range of motion of left shoulder and marked tenderness of right biceps tendon. Physical exam of lumbar region noted slight/moderate pain with decreased flexion and tenderness on palpation of lower lumbar and facets and paraspinals and marked tenderness of medial and lateral joint lines with positive signs of patella/femoral tracking dysfunction. The treatment plan included request for (MRI) magnetic resonance imaging of lumbar spine, bilateral shoulders, Neurodiagnostic study of upper and lower extremities and 8 additional physiotherapy sessions.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 12 (Low Back Disorders) (Revised 2007), pp 53-54.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287 - 316.

Decision rationale: The patient is a 66 year old male with an injury on 02/23/2003. He had right shoulder pain, neck pain and low back pain. He had a rotator cuff repair. He continues to have neck and back pain. He has knee pain with poor patella/femoral tracking. There is no recent low back injury. There are no new red flag signs. There is no new clinical findings. There is no documentation that he is a surgical candidate. The MRI is not medically necessary.

Neurodiagnostic study of the upper and lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 181-182; 308-309. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back- Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 165 - 188, 287 - 316.

Decision rationale: The patient is a 66 year old male with an injury on 02/23/2003. He had right shoulder pain, neck pain and low back pain. He had a rotator cuff repair. He continues to have neck and back pain. He has knee pain with poor patella/femoral tracking. MTUS, ACOEM guidelines note that electro diagnostic studies are usually not needed to diagnose radiculopathy but in this case there is no documented numbness, stinging, sensory deficit or weakness to suggest the need of upper and lower extremity nerve conduction studies and EMG studies. Electrodiagnostic studies of all four extremities are not medically necessary.