

<b>Case Number:</b>	CM15-0011810		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	04/27/2014
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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, Arizona

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 36-year-old male who reported an injury on 04/27/2014 due to an unknown mechanism of injury. The injured worker's treatment history included physical therapy, chiropractic care, and medications. The injured worker was evaluated on 12/10/2014. The injured worker's diagnoses included lumbar spine sprain/strain, bilateral shoulder sprain/strain, right wrist and hand sprain/strain, and bilateral knees sprain/strain. The injured worker's physical evaluation revealed moderate to severe palpable tenderness of the right knees with restricted range of motion, moderate to severe palpable tenderness of the bilateral shoulders with restricted range of motion and positive orthopedic testing. The injured worker had moderate to severe tenderness to palpation of the right wrist decreased range of motion and decrease grip strength. A Request for Authorization for acupuncture and an MRI of the lumbar spine, bilateral shoulders, bilateral knees, and bilateral wrists was requested on 12/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of 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): 303-305.

**Decision rationale:** The requested MRI of the lumbar spine is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends imaging studies of the lumbar spine in the presence of neurological deficits that have failed to respond to conservative treatment. The clinical documentation submitted for review does not provide any indications that the injured worker has neurological deficits that would require an MRI for treatment planning. As such, the requested MRI of the lumbar spine is not medically necessary or appropriate.

**MRI of both shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 207-209.

**Decision rationale:** The requested MRI of the bilateral shoulders is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends imaging for the shoulders after x-rays have failed to identify pathology and the injured worker's symptoms have failed to respond to conservative treatment in an attempt to identify the need for surgical intervention. The clinical documentation submitted for review does indicate that the injured worker has failed to respond to conservative treatment. However, the clinical documentation submitted for review does not provide any evidence that the injured worker has undergone an x-ray. Additionally, there is no documentation of surgical treatment planning that would require an MRI of the bilateral shoulders. As such, the requested MRI for the bilateral shoulders is not medically necessary or appropriate.

**MRI of both knees:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 341-343.

**Decision rationale:** The requested MRI for the bilateral knees is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends MRIs for the knees to assist with surgical planning after x-rays have failed to identify pathology, and conservative treatment has failed to provide relief to the injured worker. The clinical documentation submitted for review does not provide any evidence that the injured worker is a surgical candidate. There is no indication of how an MRI of the bilateral knees will assist with treatment planning. Additionally, there was no documentation that the injured worker has

undergo x-rays prior to the request for an MRI. As such, the requested MRI of the bilateral knees is not medically necessary or appropriate.

**MRI of both wrists:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

**Decision rationale:** The requested MRI of the bilateral wrists is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends MRIs of the bilateral wrists when there are red flag conditions that have not been identified by x-rays. The clinical documentation submitted for review does not provide any indication that the injured worker has red flag conditions that would support the need for an MRI. There is no indication that the injured worker is a surgical candidate and would benefit from an MRI of the bilateral wrists. Furthermore, there is no indication that the injured worker has undergone x-rays of the bilateral wrists. As such, the requested MRI of the bilateral wrists is not medically necessary or appropriate.