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| Case Number: | CM15-0017772 | | |
| Date Assigned: | 02/05/2015 | Date of Injury: | 08/12/2009 |
| Decision Date: | 03/27/2015 | UR Denial Date: | 01/06/2015 |
| Priority: | Standard | Application Received: | 01/30/2015 |

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 58 year old female who sustained an industrial injury after tripping on a garden hose while employed as a nurse assistant on August 12, 2009. A second metatarsal fracture was noted and the patient was placed in a cast. The injured worker was diagnosed with degenerative disc disease of the lumbar spine and chronic degenerative changes of osteoarthritis of the right ankle. According to the primary treating physician's progress report on September 10, 2014, the injured worker's evaluation and examination were unremarkable. A magnetic resonance imaging (no date documented) of the right shoulder, ankle and lumbar spine were negative for acute pathology. Patient has a medical history of Diabetes Mellitus. Current medications consist of Ibuprofen and Tylenol. Treatment modalities consisted of conservative measures and physical therapy for the low back, right foot and ankle. The treating physician requested authorization for a retrospective review for magnetic resonance imaging (MRI) right ankle and right shoulder, (DOS) 12/18/14. On January 6, 2015 the Utilization Review denied certification for the retrospective review for magnetic resonance imaging (MRI) right ankle and right shoulder, (DOS) 12/18/14. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for dates of service (DOS) 12/18/14 for MRI right ankle and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Magnetic resonance imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 207-209, 213, 361-384. Decision based on Non-MTUS Citation Shoulder, Magnetic resonance imaging (MRI)

Decision rationale: ACOEM states Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems) Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynauds phenomenon) Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment) ODG states Indications for imaging Magnetic resonance imaging (MRI):- Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs, Subacute shoulder pain, suspect instability/labral tear, Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008) The medical records fail to demonstrate a significant change in symptoms or demonstrate finding suggestive of significant pathology. As such, the request for MRI Rt. Shoulder is not medically necessary. In regards to the ankle, the MTUS states that, For most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. Most ankle and foot problems improve quickly once any red-flag issues are ruled out. Routine testing, i.e., laboratory tests, plain-film radiographs of the foot or ankle, and special imaging studies are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. Furthermore, Radiographic evaluation may also be performed if there is rapid onset of swelling and bruising; if patients age exceeds 55 years; if the injury is high velocity; in the case of multiple injury or obvious dislocation/subluxation; or if the patient cannot bear weight for more than four steps. In regards to MRI specifically, Disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. The medical records fail to demonstrate any red flags as described by the MTUS. Furthermore, the symptoms and physical exam fail to demonstrate any of the above soft tissue indications. Previous MRIs have been negative and there is no documentation of re-injury. As such, the request for MRI right ankle is not medically necessary.