

<b>Case Number:</b>	CM15-0119238		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	01/16/1992
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 (IW) is a 71 year old female who sustained an industrial injury on 01/16/1992. She reported a fall from stair rails landing on the roadway in asphalt on her back, knees, legs, ankles and arms. The injured worker was diagnosed as having unspecified internal derangement of knee; cervical radiculopathy; shoulder tendinitis /bursitis, impingement; knee tendonitis/bursitis; lumbosacral radiculopathy; wrist tendonitis/bursitis; hip tendonitis/bursitis; situation post hip revision 1995; situation post right knee surgery 1998; situation post right hip surgery 2009; and situation post right shoulder surgery 2002. Treatment to date has included chiropractic treatment, acupuncture, medications, steroid injections for bilateral carpal tunnel, epidural injections, a transcutaneous electrical nerve stimulation (TENS) unit, surgeries and physical therapy. Currently, the injured worker complains of continuous pain in the neck that is at times sharp, shooting, throbbing and burning pain that travels to her shoulder blades, arms, and hands. She has bilateral numbness and tingling in her arms. She also has stiffness and pain in the neck that is aggravated by position changes. The pain increases with prolonged positioning. She has continuous shoulder pain that is at times sharp, shooting, throbbing and burning pain. This pain travels to her hands and she has episodes of numbness and tingling in the arms. Her pain increases with reaching, pushing, pulling, and with any lifting. Lifting her arms above shoulder level increases her pain. The pain varies throughout the day depending on activities. She experiences sharp pain in the left arm that travels to her hands, and complains of continuous left wrist/hand pain that is at times sharp, shooting, throbbing and burning, and travels to her fingertips with numbness and tingling occurring in their hands. Her right hand has

cramping and weakness. Pain increases with gripping, grasping, flexing, extending, rotating, and repetitive hand and finger movements. She complains of pain in her lower back that at times becomes burning pain. The pain travels to her legs and she has episodes of swelling, numbness, and tingling in her legs. Coughing and sneezing aggravate her back. Her pain increases with prolonged standing, walking and sitting activities and has difficulty with range of motion in all planes. She has complaints of continuous pain in both hips that travels to the legs. Her pain gets worse in the evening/morning/varies throughout the day depending on activities. Physical therapy, acupuncture treatments and pain medication provide pain improvement. The plan of care includes requests for consultation with the knee replacement and revision specialist for both right knee surgery and possibly revision surgery for the left knee. A request of a hip specialist considering surgical history for the right side is also made, and requests for MRI of the shoulders, hip and lumbar spine are recommended. A request for authorization is made for the following: 1. MRI of the shoulders bilaterally with contrast; 2. MRI of the right hip with contrast; and 3. MRI of the lumbar spine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MRI of the shoulders bilaterally with contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI).

**Decision rationale:** The claimant has a remote history of a work injury occurring in January 1992 due to a fall. When seen, she was having radiating neck and low back pain, bilateral shoulder, hip, and knee pain, and left hand and wrist pain. Physical examination findings included a BMI of over 37. There was decreased spinal range of motion with muscle spasm and tenderness. Shoulder impingement testing was positive bilaterally. There was decreased deltoid muscle strength and decreased C7/third finger sensation. Phalen's testing was positive bilaterally. There was decreased hip range of motion with trochanteric tenderness. There was right knee patellar tenderness with crepitus and positive grind testing and joint line tenderness. X-ray results of the knees were reviewed. Indications for obtaining an MRI of the shoulder include the presence of 'red flags' such as suspicion of cancer or infection or, with subacute shoulder pain, when instability or a labral tear is suspected. In this case, there are no identified 'red flags' and no reported complaints or physical examination findings that suggest instability or labral pathology. The requested bilateral shoulder MRI scans are not medically necessary.

#### **MRI of the right hip with contrast: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic), MRI (magnetic resonance imaging).

**Decision rationale:** The claimant has a remote history of a work injury occurring in January 1992 due to a fall. When seen, she was having radiating neck and low back pain, bilateral shoulder, hip, and knee pain, and left hand and wrist pain. Physical examination findings included a BMI of over 37. There was decreased spinal range of motion with muscle spasm and tenderness. Shoulder impingement testing was positive bilaterally. There was decreased deltoid muscle strength and decreased C7/third finger sensation. Phalen's testing was positive bilaterally. There was decreased hip range of motion with trochanteric tenderness. There was right knee patellar tenderness with crepitus and positive grind testing and joint line tenderness. X-ray results of the knees were reviewed. Indications for an MRI of the hip include bone, articular or soft-tissue abnormalities, osteonecrosis, occult acute or stress fracture, acute and chronic soft-tissue injuries, and tumors. In this case, the claimant has findings of trochanteric bursitis. None of the above criteria is met. No plain film imaging or physical examination findings support the need to obtain an MRI of the right hip. The request is not medically necessary.

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

**Decision rationale:** The claimant has a remote history of a work injury occurring in January 1992 due to a fall. When seen, she was having radiating neck and low back pain, bilateral shoulder, hip, and knee pain, and left hand and wrist pain. Physical examination findings included a BMI of over 37. There was decreased spinal range of motion with muscle spasm and tenderness. Shoulder impingement testing was positive bilaterally. There was decreased deltoid muscle strength and decreased C7/third finger sensation. Phalen's testing was positive bilaterally. There was decreased hip range of motion with trochanteric tenderness. There was right knee patellar tenderness with crepitus and positive grind testing and joint line tenderness. X-ray results of the knees were reviewed. Applicable criteria for obtaining an MRI would include a history of trauma with neurological deficit, when there are 'red flags' such as suspicion of cancer or infection, or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new injury. There are no identified 'red flags' that would support the need for obtaining an MRI scan which is not medically necessary.