

Case Number:	CM15-0176528		
Date Assigned:	09/14/2015	Date of Injury:	08/12/2014
Decision Date:	10/20/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/08/2015

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

Certification(s)/Specialty: Emergency Medicine

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 34 year old female, who sustained an industrial injury on 08-12-2014. The injured worker is currently able to work usual and customary duties. Medical records indicated that the injured worker is undergoing treatment for right ankle sprain, right scapula contusion-sprain, right shoulder tendinitis, left shoulder tendinitis, and right knee tendonitis. Treatment and diagnostics to date has included physical therapy for her right shoulder and use of medications. Current medications include over the counter Advil PM. In a progress note dated 08-04-2015, the injured worker reported mid back, right shoulder, and left shoulder pain, vomiting due to stress, anxiety, and inability to sleep. Objective findings included right ankle and right shoulder tenderness, clinical impingement syndrome to right shoulder, loss of motion with impingement syndrome to left shoulder, and right knee pain and popping of right patella. The request for authorization dated 08-06-2015 requested MRI right shoulder without dye, MRI left shoulder without dye, MRI right ankle without dye, and trigger point injection for twitch response to right shoulder. The Utilization Review with a decision date of 08-10-2015 non-certified the request for MRI without contrast of the right ankle, MRI without contrast of bilateral shoulders, and trigger point injection to right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast for the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies, Summary.

Decision rationale: As per MTUS ACOEM Guidelines, imaging of ankle should be considered when there are emergence of red flag (limb or life threatening) findings, evidence of loss of neurovascular function, failure to progress in strengthening program and pre-invasive procedure. Patient fails all criteria. Pain is chronic. Exam shows minimal findings. There is no provided basic imaging. MRI of ankle is not medically necessary.

MRI without contrast for the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies, Summary.

Decision rationale: As per MTUS ACOEM Guidelines, imaging of shoulders should be considered when there are emergence of red flag (limb or life threatening) findings, evidence of loss of neurovascular function, failure to progress in strengthening program and pre-invasive procedure. Patient fails all criteria. There is no red flags or signs of loss of neurovascular function. There is no recent neurological exam. QME exam is not consistent with requesting provider's exam and claim of impingement signs. There is no plan for surgery. There is no documentation of attempted conservative care with only some PT documented. No basic imaging reports were provided. Most symptoms involve R shoulder, it is unclear why bilateral shoulder MRIs were requested. MRI of bilateral shoulders are not medically necessary.

Trigger Point Injection for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: Trigger Point Injections may be recommended only for myofascial pain syndrome if patient meets criteria as set by MTUS Chronic pain guidelines. However, the documentation reports that patient fails to meet repeat Trigger Point Injections. Patient does not have a diagnosis of myofascial pain syndrome. 1) Documentation of trigger points: Fails criteria. Provider has only documented a very brief noted claiming "twitch response". 2) Symptoms lasting more than 3 months: Meets criteria 3) Conservative medical management has failed to control pain: Fails criteria. There is inappropriate documentation concerning prior treatments. 4) No radiculopathy present: Meets criteria. Provider requested and documented contradictory services. Provider claims that patient's shoulder pain is consistent with impingement syndrome but also claims myofascial pain. Trigger point injection is not medically necessary.