

Case Number:	CM15-0064898		
Date Assigned:	04/13/2015	Date of Injury:	08/01/2002
Decision Date:	05/12/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/06/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 56-year-old male who sustained an industrial injury on 8/1/02 when he was pushing on a bar in an attempt to move a rock he experienced low back, leg and testicular pain. He continued working for one week with worsening symptoms. He was diagnosed with lumbosacral sprain/ strain. He had chiropractic care, physical therapy, medications (ibuprofen and muscle relaxants) without improvement. He had ex-rays of the back, which were normal, and electromyography with no results noted. He currently complains of pain and numbness in right cervical region. His pain intensity is improved to 4/10 with 40% improvement. His sleep pattern has improved. Medications are ibuprofen, Aleve. Diagnoses include lumbar myofascitis; lumbar segmental dysfunction; lumbar disc with myelopathy. Treatments to date include physical therapy, chiropractic care-wave, home exercises. Diagnostics include x-ray cervical and lumbar spine showing degenerative joint disease (7/20/14); x-ray right elbow was negative. In the progress note dated 2/23 15 the treating provider's plan of care requests an MRI of the right elbow and right shoulder because of right shoulder pain, right elbow distal biceps insertion pain, to rule out internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 253-272.

Decision rationale: The request in this injured worker with chronic pain is for a MRI of the elbow. The records document a physical exam with no red flags or indications for immediate referral or imaging. In the absence of physical exam evidence of red flags, a MRI of the right elbow is not medically indicated. The medical necessity of an elbow MRI is not substantiated in the records. The treatment is not medically necessary.

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-224.

Decision rationale: The request in this injured worker with chronic pain is for a MRI of the shoulder. The records document a physical exam with no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects such as a rotator cuff tear and may be utilized in preparation for an invasive procedure. In the absence of physical exam evidence of red flags, a MRI of the right shoulder is not medically indicated. The medical necessity of a shoulder MRI is not substantiated in the records. The treatment is not medically necessary.