

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: **11/21/2013**

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/15/2013
Date of Injury: 5/4/2013
IMR Application Received: 7/31/2013
MAXIMUS Case Number: CM13-0004985

- 1) MAXIMUS Federal Services, Inc. has determined the request for **MRI of the lumbar spine is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for **MRI of the right wrist on 6/15/13 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the retrospective request for **MRI of the right shoulder on 6/15/13 is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **MRI of right knee is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/12/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request **for MRI of the lumbar spine is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for **MRI of the right wrist on 6/15/13 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the retrospective request for **MRI of the right shoulder 6/15/13 is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **MRI of the right knee is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Preventive Medicine and Occupational Medicine and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

All 37 pages of medical, insurance, and administrative records provided were reviewed.

The claimant, Mr. [REDACTED], is a represented [REDACTED] probation officer who has filed a claim for chronic low back, right knee, right shoulder, and right wrist pain reportedly associated with an industrial injury of May 4, 2013.

The claimant apparently sustained the injuries in an altercation with a combative juvenile delinquent.

Thus far, he has been treated with the following: Analgesic medications; unspecified amounts of manipulative therapy; unspecified amounts of acupuncture; transfer of care to and from various providers in various specialties; and extensive periods of time off of work.

An MRI of the right shoulder of June 15, 2013 is notable for an infraspinatus tendon tear with only minimal retraction suspected. An MRI of the cervical spine on June 15, 2013 is notable for low-grade 1- to 2-mm disk protrusion at C5-C6 apparently touching the cord.

The results of the wrist MRI have not been provided. It is suggested that the claimant underwent X-rays of the knee, mid back, shoulder, and neck on May 15, 2013. Prior note of July 10, 2013 is blurred as a result of repetitive photocopying, difficult to follow, notable for comments that the claimant reports constant neck pain, right shoulder pain, right wrist pain, low back pain, right knee pain, and mid back pain with associated limited range of motion about multiple body parts. Severe tenderness is reportedly appreciated about palpation of numerous areas. There is tenderness and decreased range of motion noted about the wrist with decreased grip strength and a positive Tinel sign. The claimant is asked to pursue additional manipulative therapy, remain off of work, and obtain MRI imaging of various body parts. A later note of July 18, 2013 does not discuss the results of the MRI imaging and states that the claimant will remain off of work while pursuing additional acupuncture

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for MRI of lumbar spine:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), Chapter 12, Special Studies and Diagnostic and Treatment Considerations, page 303, and ACOEM Low Back Chapter, MRI, which are part of the MTUS.

The Expert Reviewer based his decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Special Studies and Diagnostic and Treatment Considerations, page 303, and table 12-8, Summary of Recommendations for Evaluating and Managing Low Back Complaints, pages 304-305, which are part of the MTUS.

Rationale for the Decision:

As noted in the MTUS-adopted ACOEM guidelines in chapter 12, unequivocal findings suggestive of nerve root compromise are sufficient evidence to warrant imaging studies in those individuals who have failed to respond to treatment and/or would consider surgical intervention were it offered to them. In this case, however, there is no clear evidence of neurologic compromise. The employee's multifocal pain complaints do not suggest the presence of neurologic compromise. The employee is complaining of pain in numerous body parts. There is no clear evidence of hypoesthesias, diminished reflexes, diminished lower extremity strength, etc., which might make a case for MRI imaging. ACOEM Table 12-8 does endorse MRI imaging in those individuals in whom red

flag diagnoses such as cauda equina syndrome, fracture, tumor, infection, etc. are suspected. In this case, however, there is no clearly voiced suspicion of any of the aforementioned red flag diagnoses. **The request for a MRI of the lumbar spine is not medically necessary and appropriate.**

2) Regarding the request for retrospective MRI of right wrist on 6/15/13:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Forearm, Wrist, and Hand Complaints, page 269, which is part of the MTUS and the Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter, MRI's (magnetic resonance imaging), which is not part of MTUS.

The Expert Reviewer based his decision on the Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11), ACOEM Table 11-6. Ability of Various Techniques to Identify and Define Forearm, Wrist, and Hand Pathology, page 269, which is part of the MTUS.

Rationale for the Decision:

In this case, the documentation on file is sparse, handwritten, and not entirely legible. The limited documentation on file is notable for positive Tinel sign about the wrist, suggestive of carpal tunnel syndrome. MRI imaging, per the MTUS-adopted ACOEM guidelines in Chapter 11 Table 11-6, is scored at 1/4 in its ability to identify and define suspected carpal tunnel syndrome. Therefore, the request is non-certified as the proposed test is not highly rated by the MTUS for the most likely item on the differential diagnosis. **The request for retrospective MRI of the right wrist on 6/15/2013 is not medically necessary and appropriate.**

3) Regarding the request for retrospective MRI of right shoulder on 6/15/13:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Shoulder Chapter, pages 207-209, which is part of the MTUS.

The Expert Reviewer based his decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9), Summary of Recommendations and Evidence, Table 9-6, pages 207-209, which is part of MTUS.

Rationale for the Decision:

As noted in the MTUS-adopted ACOEM guidelines in Chapter 9, Table 9-6, MRI imaging is endorsed in the preoperative evaluation of rotator cuff tears in those individuals who have failed to respond to conservative treatment. In this case, the documentation on file while blurred, handwritten, and difficult to follow, does seemingly suggest that the employee had residual range of motion and/or strength deficits pertaining to the injured shoulder and had, indeed, failed to respond to conservative treatment including manipulation, acupuncture, etc. MRI imaging was indicated in this context and supported by ACOEM in Table 9-6.

The request for retrospective MRI of the right shoulder on 6/15/13 is medically necessary and appropriate.

4) Regarding the request for MRI of right knee:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Knee Chapter regarding MRI, which is part of the MTUS.

The Expert Reviewer based his decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13), ACOEM Table 13-5. Ability of Various Techniques to Identify and Define Knee Pathology, page 343, which is part of the MTUS.

Rationale for the Decision:

The documentation submitted for review, while difficult to follow, does seemingly suggest that the employee is having constant and frequent knee pain with diminished mobility, limited range of motion, and positive provocative testing on valgus stress. All of the above, taken together, suggests that the claimant may, indeed, have a ligament tear and/or meniscal pathology. Per the MTUS-adopted ACOEM guidelines in Chapter 13, Table 13-5, MRI imaging is scored 4/4 in its ability to identify and define suspected meniscal and/or ligamentous pathology, as appears to be present here. **The request for MRI of the right knee is medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.