

Case Number:	CM13-0021101		
Date Assigned:	01/15/2014	Date of Injury:	04/18/2001
Decision Date:	03/25/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 49-year-old male who reported an injury on 04/18/2001. The mechanism of injury was not specifically stated. The patient is diagnosed with bilateral knee internal derangement status post arthroscopy with recurrent meniscus tear, neurogenic atrophy of the muscles, lumbar spine discogenic pain with radiculopathy, obesity, and internal diagnoses. A request for authorization form was submitted on 08/23/2013 by [REDACTED] for an MRI (magnetic resonance imaging) of the left shoulder as well as a Functional Capacity Evaluation. However, there are no physician progress reports submitted for this review by [REDACTED]. The latest physician progress report submitted for this review is dated 08/28/2013 by [REDACTED]. The patient reported persistent pain in the left knee. The patient reported improvement with right knee injection and low back injections. Physical examination revealed crepitus with range of motion in the bilateral knees with medial and lateral joint line tenderness. The treatment recommendations included an intra-articular injection into the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Plain MRI of left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints

Page(s): 207-209.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. Again, there is no documentation of a physician progress report submitted by [REDACTED] on the requesting date of 08/23/2013. There is no indication that this patient's upper extremity is related to the industrial injury. Physical examination of the left shoulder has not been provided. Documentation of an exhaustion of conservative treatment prior to the request for an MRI was also not provided. The medical necessity has not been established. Therefore, the request is non-certified.

Functional capacity evaluation (FCE) of left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available including functional capacity examination when reassessing function and functional recovery. The Official Disability Guidelines (ODG) state Functional Capacity Evaluation may be considered if case management is hampered by complex issues and the timing is appropriate. There is no documentation of an unsuccessful return to work attempt. There is also no evidence that this patient has reached or is close to maximum medical improvement. There is no defined return to work goal or job plan. Based on the clinical information received, the request is non-certified.