

<b>Case Number:</b>	CM13-0025998		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	10/11/2007
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 66-year-old injured worker with date of injury of 10/11/2007. Per handwritten progress report dated 08/09/2013, listed diagnoses are C-spine strain/sprain, L-spine strain/sprain; the remaining diagnosis were illegible. On the objective findings, there are examinations of the bilateral shoulder and bilateral knees, such as positive crepitus, painful arch, positive Shear and Hawkins, and on the knee, crepitus with positive McMurray's sign, flexion at 100 degrees and extension at 0 degrees. It is difficult to read the subjective complaints, but what is indicated is that the patient has bilateral shoulder pain with clicking, pain with difficulty laying in rind, reaching up to back, patient states, "bilateral knees pain with popping" giving away. Treatment plan was request for MRIs of the bilateral shoulders, left knee, and MRI of the right to rule out internal derangement. Reports from 03/29/2013, handwritten note, had also been reviewed. This indicates under treatment plan #3, diagnostic studies requested, and possibility of injections was discussed with patient. Under diagnosis, it has a history of right knee scope 2000. Review of report from 05/08/2013 by [REDACTED] states that "awaiting request for diagnostic ultrasound for bilateral knees and bilateral shoulders."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of bilateral shoulders:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

**Decision rationale:** ACOEM Guidelines page 207 to 208 require documentation of red flags, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in strengthening program or clarification anatomy prior to an invasive procedure such as surgery, for obtaining specialized studies. In this patient, the continued chronic pain is considered to be a red flag. There is physiologic evidence of tissue insult given patient's positive impingement maneuvers. Furthermore, Official Disability Guidelines (ODG) support MR imaging for suspicion of rotator cuff tear impingement for age over 40. This patient's age is 66, and there are suspicions for rotator cuff tear/impingement. The request for MRI of bilateral shoulders is medically necessary and appropriate.

**MRI of the left knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The ACOEM Guidelines make reference to special studies, but ACOEM Guidelines address acute and subacute situations. For chronic condition, the Official Disability Guidelines (ODG) are reviewed. ODG Guidelines states that MRI of the knees is reasonable if the patient presents with non-traumatic knee pain and internal derangement is suspected. In this patient, internal derangements are suspected in both the knees based on clinical presentation and physical examination. The request for MRI of the left knee is medically necessary and appropriate.

**MRI of the right knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** ACOEM Guidelines make reference to special studies, but ACOEM Guidelines may address acute and subacute situations. For chronic condition, Official Disability Guidelines (ODG) are reviewed. ODG Guidelines states that MRI of the knees is reasonable if the patient presents with non-traumatic knee pain and internal derangement is suspected. In this patient, internal derangements are suspected in both the knees based on clinical presentation and physical examination. The request for MRI of the right knee is medically necessary and appropriate.

