

Case Number:	CM13-0028658		
Date Assigned:	11/27/2013	Date of Injury:	11/16/2010
Decision Date:	02/24/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/23/2013

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 Pain Management, has a subspecialty in Disability Evaluation, 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 53-year-old female who reported an industrial injury on 11/16/10 to the left knee; the patient was investigating a case of elder abuse when she fell through a rotted floor at the house. She subsequently underwent surgical intervention to the left knee on 3/31/11 with a partial medial/lateral meniscectomy and chondroplasty. Despite the surgery, the patient still experiences pain in the left knee. The patient currently complains of low back pain and continued left knee pain. The patient reports severe stress and energy drain due to her case. She has had three knee injections without improvement. Physical therapy was prescribed, but was not beneficial. Physical examination of the left shoulder and left knee revealed grade 3 tenderness. There was restricted range of motion of the cervical and lumbar spine. The patient is currently diagnosed with lumbar displacement of intervertebral disc without myelopathy; thoracic spine sprain/strain; lumbar spine strain/sprain; neck sprain/strain; left knee pain and left shoulder impingement. In the clinical narrative dated 5/3/11, [REDACTED] and [REDACTED] reported that the patient was status post one month and two days from left knee chondroplasty. The patient reported minimal pain. The patient was taking Vicodin and Celebrex. The patient is not working but is bearing full weight on the knee. The objective findings were antalgic limp, trace effusion, and mild tenderness. The patient was neurovascularly intact with no calf tenderness. Her range of motion was 0-100. The diagnosis was status post left knee chondroplasty. The treatment plan included physical therapy

IMR ISSUES, DECISIONS AND RATIONALES

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

MRA of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: According to the ACOEM, relying only on imaging studies to evaluate the source of knee symptoms carries a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a finding that was present before symptoms began (for example, degenerative partial thickness rotator cuff tears), and therefore has no temporal association with the symptoms. The patient was previously diagnosed with chondromalacia of the knee joint after an arthroscopic study; therefore the request for MRA of the left knee is not medically necessary.

MRI of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The provider has ordered repeat MRI studies of the left shoulder without any clinical documentation of any acute changes or red flags. There was no documentation of positive McMurray's test, Lachman's test, pivot shift testing, or instability. There was only pain associated with patellofemoral costochondritis, or osteoarthritis of the knee. Previous MRI studies of the left shoulder revealed chronic arthritic changes. According to the ACOEM, relying only on imaging studies to evaluate the source of shoulder symptoms carries a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a finding that was present before symptoms began (for example, degenerative partial thickness rotator cuff tears), and therefore has no temporal association with the symptoms. Therefore the request for MRI of the left shoulder is not medically necessary.

X-ray of the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The provider has requested x-ray imaging of the left shoulder with no documented subjective findings in the office note of 8/15/13 consistent with internal

derangement. The patient has not exhibited any acute changes or red flags to warrant imaging. Therefore the request for x-ray of the left shoulder is not medically necessary.

X-ray of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The provider has requested x-ray imaging of the cervical spine with no documented substantial change in clinical status, or new trauma to the neck or back that would merit more imaging. Also, there is little evidence that diagnostic procedures for neck pain without severe trauma or radicular symptoms have validity and utility. Therefore the request for x-ray of the cervical spine is not medically necessary.

X-ray of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The provider has requested x-ray imaging of the lumbar spine with no documented substantial change in clinical status, or new trauma to the neck or back that would merit more imaging. The Official Disability Guidelines do not recommend x-rays in the absence of red flags. Therefore the request for x-ray of the lumbar spine is not medically necessary.