

<b>Case Number:</b>	CM13-0037815		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	05/03/2013
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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. The expert reviewer is Board Certified in Family Medicine, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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/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:

On May 3, 2013 this worker was driving a golf cart when he collided head-on against another golf cart that a coworker was driving. The initial diagnoses on May 3, 2013 included right shoulder sprain and strain and right knee sprain and strain. He had a negative right shoulder x-ray and a negative right knee x-ray on May 3, 2013. He had an MRI of his right knee on June 5, 2013 which demonstrated grade 2 signal intensity abnormality of the posterior horn of the medial and lateral meniscus, minimal mucoid degeneration of the distal ACL, patella-femoral chondromalacia, and moderate joint effusion with a popliteal cyst. According to the primary treating physician's initial comprehensive medical evaluation report on September 9, 2013 he had immediate onset of pain in his neck, shoulders, left wrist, middle and lower back and right knee at the time of the initial injury. At the evaluation on September 9, 2013 he was complaining of pain in both shoulders and the right knee in addition to other complaints. Physical evaluation of the shoulder and upper arm revealed painful range of motion and tenderness bilaterally over the upper trapezius. Examination of the knee demonstrated painful range of motion on the right and tenderness over the right medial knee and lateral knee. Diagnoses on September 9, 2013 included cervical spine sprain/strain, thoracic spine sprain/strain, lumbar spine sprain/strain, bilateral shoulder pain, left wrist sprain/strain, right knee pain and history of diabetes mellitus and hypertension. X-rays of the cervical spine, thoracic spine, and lumbar spine were requested to rule out herniated nucleus pulposus. X-rays of the bilateral shoulders, right knee and left wrist were requested 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:

**DIAGNOSTIC X-RAYS OF THE RIGHT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 341-347.

**Decision rationale:** According to the ACOEM Guidelines, the clinical parameters for ordering radiographs following knee trauma include joint effusion within 24 hours of a direct blow or fall and palpable tenderness over the fibular head or patella. This worker did have a negative x-ray of the right knee on May 3, 2013 following the injury. Knee x-rays are also recommended for suspected red flags however none were identified. Routine radiographs for most knee complaints or injuries are not recommended. He did have an MRI of the right knee on June 5, 2013. There is no medical necessity for an additional knee x-ray. As such, the request is not medically necessary and appropriate.

**DIAGNOSTIC X-RAYS OF THE BILATERAL SHOULDERS:** Upheld

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

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

**Decision rationale:** According to the ACOEM Guidelines, primary criteria for ordering imaging studies for shoulder complaints are 1) emergence of a red flag, 2) physiologic evidence of tissue insult or neurovascular dysfunction, 3) failure to progress in a strengthening program intended to avoid surgery, or 4) clarification of the anatomy prior to an invasive procedure. Although this worker was reported to have painful range of motion in both shoulders and tenderness, there was no documentation to fulfill these criteria. Furthermore he had already had a negative x-ray of the right shoulder. Imaging of the shoulder may be considered when limitations due to consistent symptoms have persisted for one month or more, in cases when surgery is being considered for specific anatomic defects such as a full-thickness rotator cuff tear or to further evaluate the possibility of potentially serious pathology such as tumor. There was no documentation of signs to suggest an anatomic defect or suggestion that surgery was being considered. Even if so, MRI or arthrography would be the appropriate choices. The test was being requested to rule out internal derangement and there was no suggestion of the possibility of other serious pathology. As such, the request is not medically necessary and appropriate.