

Case Number:	CM13-0046401		
Date Assigned:	12/27/2013	Date of Injury:	07/17/2013
Decision Date:	03/07/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/12/2013

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 Texas. 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 61-year-old female who reported an injury on 7/17/13. The mechanism of injury was not submitted. The patient was diagnosed with medial meniscal tear of the left knee, right shoulder moderate rotator cuff tendinosis with focal partial undersurface tear, right shoulder labral tear, right shoulder subacromial bursitis, left knee meniscus tear, right shoulder labral tear, and right shoulder rotator cuff tear. The patient continued to complain of pain to the left knee and the right shoulder. The patient rated her pain of the left knee at 2/10 at rest, and 7/10 with activity. The patient rated her pain at the right shoulder at 0/10 at rest and 5-6/10 with activity. The patient had a positive McMurray's test of the left knee. The patient had slightly decreased muscle strength of the left knee. The patient had tenderness to palpation at the medial joint line. The patient had a positive impingement sign with the right shoulder. The patient also had mildly decreased range of motion and muscle strength at the right shoulder. An MRI of the left knee dated 9/13/13 revealed posterior horn body, medial meniscal tear with medial subluxation of meniscal tissue, and tear extends towards the meniscal tibial attachment/root with medial compartmental degenerative change and medial subluxation of meniscal tissue. Patellofemoral and lateral femoral tibial degenerative change is seen as well. An MRI of the right shoulder dated 9/13/13 revealed moderate rotator cuff tendinosis with focal partial undersurface tear, supraspinatus tendon, without full thickness tear or retraction with subacromial/subdeltoid bursitis, down sloping acromion, and acromioclavicular joint degenerative change. Posterior superior to mid labral tear is suggested with possible small posterior paralabral cyst versus prominent vessel. An EMG done on 10/3/13 revealed evidence of demyelinating bilateral median neuropathy at the wrist. That is consistent with mild carpal tunnel syndrome. The treatment plan included a cortisone steroid injection to the left knee, a neurology consult, pain psychology

consult, a CT of the chest, as well as additional chiropractic and physiotherapy twice a week for four weeks for the neck, shoulder, and knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The California MTUS/ACOEM states that, for most patients with shoulder problems, special studies are not needed unless a 4-6 week period of conservative care and observation fails to improve symptoms. The guidelines also state that primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The documentation submitted for review does not show evidence of failure of conservative treatment. Given the lack of documentation to support guideline criteria, the request is non-certified.

MRI of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343..

Decision rationale: The California MTUS/ACOEM states that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The guidelines also state that most knee problems improve quickly once any red flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion because of the possibility of identifying a problem that was present before symptoms began. The patient complained of pain to the knee; however, no objective clinical documentation was submitted for review indicating a failure of conservative treatment. Given the lack of documentation to support guideline criteria, the request is non-certified.

Spine specialty consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM states that the goal of a referral is, in fact, functional recovery and return to work. The patient complained of pain to the left knee and right shoulder. However, no objective clinical documentation was submitted for review indicating failure of conservative treatment. Also, the physical examination does not indicate the patient is having neurological symptoms. Given the lack of documentation to support guideline criteria, the request is non-certified.

Neurology consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM states that the goal of a referral is, in fact, functional recovery and return to work. The patient complained of pain to the left knee and right shoulder. However, no objective clinical documentation was submitted for review indicating failure of conservative treatment. Also, the physical examination does not indicate the patient is having neurological symptoms. Given the lack of documentation to support guideline criteria, the request is non-certified.

A pain psychological consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM states that the goal of a referral is, in fact, functional recovery and return to work. The patient complained of pain to the left knee and right shoulder. However, no objective clinical documentation was submitted for review indicating failure of conservative treatment. Also, the physical examination does not indicate the patient is having psychological symptoms. Given the lack of documentation to support guideline criteria, the request is non-certified.

Eight sessions of chiropractic treatment for the neck, shoulder, and knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: The California MTUS states that manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measureable gains and functional improvement. The guidelines do not recommend manual therapy for ankle, foot, carpal tunnel syndrome, forearm, wrist, hand, and knee. The patient complained of pain to the left knee and right shoulder. However, the guidelines do not recommend chiropractic treatment for the knee. In regard to the neck and shoulder, the documentation indicated the patient would continue physiotherapy; however, no objective clinical documentation was submitted for review showing continued functional deficits. Given the lack of documentation to support guideline criteria, the request is non-certified.