

<b>Case Number:</b>	CM13-0072504		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	04/05/2012
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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:

This is a male patient with a date of injury of April 5, 2012. A utilization review dated December 16, 2013 recommends non-certification of MRI of the left knee and MRI of the cervical spine. Non-certification is recommended because of lack of documentation for medical necessity for a repeat MRI of the left knee also no new red flag findings were documented; the cervical MRI was non-certified based on no cleared documentation to support radiculopathy or progressive neurological condition. A progress note dated November 21, 2013 includes subjective complaints of constant sharp aching pain in the left shoulder with radiation down the upper extremity with a pain level of 7-8 on a 10 scale the symptoms are worsened with lifting and grasping. There is also complaining of neck pain stiffness and decreased range of motion by Final Determination Letter for IMR Case Number [REDACTED] 50%. Both the left and right knees were reported to be stable with full strength. Physical examination identifies tenderness and spasm of the levator scapulae, left arm left index finger and left arm with decreased sensation along the C6 nerve root. The left knee was noted to have moderate effusion with full strength, ROM 2-130 degrees, positive meniscal tests, lateral joint line, and patellar tenderness and marked medial joint line tenderness. The right knee had medial patellar tenderness with minimal medial and lateral joint line tenderness. Diagnoses include right knee chondromalacia of the patella, left knee osteoarthritis, left shoulder tendinitis, cervical degenerative disc disease, and left-hand carpal tunnel syndrome. The treatment plan recommends physical therapy for the left shoulder, cervical MRI, left knee MRI, and an EMG nerve conduction study. An x-ray of the cervical spine dated November 19, 2013 showed a grade 1 anterolisthesis C5 on C6 measuring 2 mm without instability. X-rays of bilateral knees done November 19, 2013 shows no acute fracture, possible old trauma deformity of the right patella, and no significant degenerative joint space narrowing. An MRI of the left knee dated September 27, 2013 demonstrated a small

intrasubstance ganglion within the anterior cruciate ligament and a couple of small cysts within the proximal tibia at the insertion of the anterior cruciate ligament.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI OF THE CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 176-17. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, MRI

**Decision rationale:** Regarding the request for cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. Within the documentation available for review, there is no indication of any red flag diagnoses. Additionally there is no clear documentation of a neurologic deficit in a nerve root distribution, nor is there documentation of failure of conservative treatment for at least 3 months. In the absence of such documentation the requested cervical MRI is not-medically necessary.

**MRI OF THE LEFT KNEE:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, MRI, Other Medical Treatment Guideline or Medical Evidence: Official Disability Guidelines: Minnesota

**Decision rationale:** Regarding the request for MRI left knee, Occupational Medicine Practice Guidelines state reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. ODG Indications for imaging -- MRI (magnetic resonance imaging): Acute trauma to the knee, including significant trauma (e.g, motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption; Nontraumatic knee pain, child or adolescent: nonpatellofemoral symptoms. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed; Nontraumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected; Nontraumatic knee pain, adult.

Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected; Nontraumatic knee pain, adult - nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening). Regarding repeat imaging, Official Disability Guidelines: Minnesota state that repeat imaging of the same views of the same body part with the same imaging modality is not indicated except as follows: to diagnose a suspected fracture or suspected dislocation, to monetary therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment, to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings, to evaluate a new episode of injury or exacerbation which in itself would warrant an imaging study, when the treating healthcare provider and a radiologist from a different practice have reviewed a previous imaging study and agree that it is a technically inadequate study. Within the documentation available for review, it appears the patient has undergone a previous left knee MRI in 2013. The requesting physician has not identified a significant change in the patient's subjective complaints or objective findings for which a more recent MRI would be warranted. Additionally, it is unclear how a repeat MRI would change the current treatment plan. In the absence of clarity regarding those issues, the currently requested repeat left knee MRI is not medically necessary