

<b>Case Number:</b>	CM14-0000578		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	04/26/2006
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Orthopedic Surgery, 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:

The patient is a 49 year old female who was injured on 04/26/2006. This patient sustained injury related to a MVA and has continued complaints of pain regarding multiple body parts. Office note dated 09/26/2013 indicated the patient presented with complaints of left shoulder pain. Objective findings on exam revealed a forward flexion impingement and external rotation was to 60. She had good strength to abduction and external rotation. The AC joint was mildly tender. Office note dated 12/11/2013 stated the patient's medications were the same which included Migranol TID, VHP 6/d, Fiorinal b.id. p.r.n., Robaxin 750 mg p.r.n., Voltaren gel p.r.n., Generic 5% Lidoderm patches and Colace. She continued to have persistent complaints about her knee and right ankle. She was having intermittent flare-ups of low blood pressure due to knee and ankle complaints. LR continues to be terribly problematic. On exam, the left shoulder pain was intermittent, dull, and occasionally sharp in nature and she rated her worst pain at 5/10; average pain at 3/10. The left knee joint pain was rated at 6/10 and the right knee joint pain was rated at 2/10. She described the pain as constant, dull and at other times sharp in nature. Physical examination revealed FROM both shoulders with discomfort; normal motor exam; symmetrical sensation and reflexes +2. She had altered sensation to each lower leg due to extensive surgical intervention. The patient was diagnosed with right sacroilitis, INT tension and cervicogenic headaches; cervical fact syndrome; multi-level cervical DDD; right ankle osteoarthritis; DJD, complex tear medial meniscus; and small tear lateral meniscus per left knee MRI 03/12/2012; and chronic fatigue syndrome. Emergency Department chart dated 12/20/2013 documented the patient's height at 67 inches; weight 72.7 kg; and BMI 25.1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THE LEFT 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): 207-208.

**Decision rationale:** According to the CA MTUS, ACOEM's primary criteria for ordering imaging studies of the shoulder include the 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 the need for clarification prior to an invasive procedure. Based on the submitted documentation, the patient had complaints of left shoulder pain with good strength to abduction and external rotation and the AC joint was mildly tender. On a 12/11/2013 examination, it was reported that the patient had full range of motion of both shoulder with discomfort, a normal motor examination and symmetrical sensation and reflexes (+2). The medical documentation provided lacks the findings cited in the above guidelines and therefore the requested procedure is not medically necessary.

**LEFT TOTAL KNEE REPLACEMENT WITH 3 DAY INPATIENT STAY:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) , KNEE, KNEE ARTHROPLASTY.

**Decision rationale:** According to the ODG indications for knee replacement surgery, the patient should have undergone conservative care (supervised PT and/or home rehab exercises) AND medications as well as limited range of motion (<90° for TKR), nighttime joint pain documentation of current functional limitations demonstrating necessity of intervention; objective clinical findings: Over 50 years of age AND Body Mass Index of less than 35, where increased BMI poses elevated risks for post-op complications; and imaging clinical findings: Osteoarthritis on standing x-ray (documenting significant loss of chondral clear space in at least one of the three compartments, with varus or valgus deformity an indication with additional strength) or a previous arthroscopy (documenting advanced chondral erosion or exposed bone, especially if bipolar chondral defects are noted). The limited medical records provided lacks documentation of conservative care for the left knee, a physical examination with range of motion values, X-ray films of the left knee, MRI of the knee or documentation of a prior arthroscopy. Based on the lack of documentation needed to meet the criteria, the medical necessity for a TKA has not been established and as such neither has the 3 day hospital stay.

