

Case Number:	CM14-0003650		
Date Assigned:	01/31/2014	Date of Injury:	06/09/2011
Decision Date:	06/20/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/09/2014

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 an employee of [REDACTED] who has submitted a claim of pain in the shoulder, back, neck and knee associated from an industrial injury date of June 9, 2011. Treatment to date has included right knee arthroscopy with debridement of the knee, excision of patellar spur, medial meniscectomy and chondroplasty of the medial femoral condyle (10/21/11), left shoulder arthroscopy with labra debridement, rotator cuff debridement, and distal clavicle excision and acromioplasty (1/23/12), right shoulder steroid injection, physical therapy, home exercise program, and medications with include Relafen and Naprosyn. Medical records from 2012-2013 were reviewed, the latest of which dated November 26, 2013 revealed that the patient complains of continuous low back pain which radiated to the upper back, the mid back, the neck, the tailbone, and the bilateral hips, but there was no indication of radicular type of pain. She has continuous pain in both shoulders, right worse than the left with radiation to the neck. On physical examination, the patient has an antalgic gait. On examination of the shoulders, there was tenderness interiorly and over the AC joint. Range of motion was limited to approximately 135 degrees of forward flexion bilaterally. There was impingement on the right, negative on the left. On examination of the knees, there was obvious varus deformity about the right knee with painful varus stress and increased warmth as compared to the left knee. An MRI of the left shoulder done last September 1, 2011 revealed complete tear of the anterior edge of the supraspinatus and footprint. An MRI of the right knee done last September 1, 2011 revealed severe joint line narrowing medially due to cartilage loss as well as medial dislocation of the meniscus. There was also a torn lateral meniscus and a lateral meniscal cyst. An ultrasound of the right shoulder (undated) revealed intact rotator cuff with fluid in the subacromial space consistent with bursitis. An X-ray of the lumbar spine done November 26, 2013 revealed degenerative changes at L4-L5. An X-ray of the bilateral shoulder done November 26, 2013

revealed bone on bone in the medial compartment on the right and mild to moderate degenerative changes in all compartments on the left. There was inferior spurring at the AC joint on the right. There was mild narrowing of the AC joint on the left. An MRI of the right shoulder done last December 15, 2013 revealed acromioclavicular osteoarthritis. Subchondral cyst is seen within the humeral head. There is complete tear of the supraspinatus tendon with 4mm tendinous retraction. The infraspinatus, subscapularis and teres minor tendons are unremarkable along their course and insertion. The long head of the biceps is well-situated within the bicipital groove. An MRI of the lumbar spine done last December 15, 2013 revealed dextroscoliosis; spondylotic changes; L3-4: 1-2mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing; L4-5: 2-3mm posterior disc bulge resulting in moderate right and moderate to severe left neural foraminal narrowing in conjunction with facet joint hypertrophy, moderate to severe canal stenosis; L5-S1: posterior annular tear 2-3mm posterior disc bulge resulting in mild left and moderate to severe right neural foraminal narrowing, mild canal stenosis, bilateral exiting nerve root compromise.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: As stated on pages 303-304 of the ACOEM Guidelines, imaging of the lumbar spine is recommend for patients with red flag diagnoses where plain film radiographs are negative, when there are unequivocal objective findings that identify specific nerve compromise on the neurologic examination, if there is failure to respond to treatment, and there is a consideration for surgery. In addition, Official Disability Guidelines recommends MRIs for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy. In this case, an MRI of the lumbar spine was prescribed because of continuous low back pain which radiated to the upper back, mid back, neck, tailbone and bilateral hips but there was no indication of radicular type of pain. A recent MRI was done last December 15, 2013, which revealed dextroscoliosis, spondylotic changes, and multilevel posterior disc bulge with and without evidence of canal stenosis or neural foraminal narrowing. The documents submitted do not indicate if a more recent clinical evaluation was done after the last MRI. The medical necessity for a repeat MRI was not established; therefore, the request is not medically necessary and appropriate.

MRI OF THE RIGHT KNEE: Overturned

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

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

Decision rationale: As stated in the ACOEM Guidelines, MRI's are recommended for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear, or to determine the extent of an ACL tear preoperatively. In addition, ODG criteria include acute trauma to the knee, significant trauma, suspect posterior knee dislocation; nontraumatic knee pain and initial plain radiographs either nondiagnostic or suggesting internal derangement. In this case a right knee MRI was prescribed because of obvious varus deformity with collapse of the medial compartment. She has pain with varus stress, which is expected with complete medial compartment articular surface loss. An MRI of the right knee done last September 1, 2011 revealed severe joint line narrowing medially due to cartilage loss as well as medial dislocation of the meniscus. There was also a torn lateral meniscus and a lateral meniscal cyst. In the most recent clinical evaluation, the patient still complains of right knee pain with swelling and popping. Physical examination also revealed obvious varus deformity about the right knee with painful varus stress and increased warmth. There are subjective and objective findings that warrant further investigation with MRI. Therefore, the request is medically necessary.

MRI OF THE RIGHT SHOULDER: 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 based on Non-MTUS Citation ODG

Decision rationale: As stated on pages 208-209 of the ACOEM Guidelines, criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. In addition, the Official Disability Guidelines states that the criteria for shoulder MRI include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on MRI. In this case, an MRI of the right shoulder was prescribed because of the noted tenderness anteriorly and over the AC joint with limitation in range of motion of forward flexion. She also has a positive impingement on the right. A recent MRI of the right shoulder done last December 15, 2013 revealed acromioclavicular osteoarthritis and complete tear of the supraspinatus tendon with 4mm tendinous retraction. The documents submitted do not indicate if a more recent clinical evaluation was done after the last MRI. The medical necessity for a repeat MRI was not established; therefore the request is not medically necessary.