

<b>Case Number:</b>	CM14-0015210		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	04/25/2011
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Texas, Colorado. 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 injured worker is a 56-year-old male who reported an injury on 04/25/2011. The mechanism of injury was noted to be motor vehicle accident. The injured worker's prior treatments were noted to be physical therapy, acupuncture, rehabilitation therapy and chiropractic therapy. The injured worker's diagnoses were noted to be neck sprain/strain, rotator cuff sprain/strain and internal derangement of the knee. The injured worker presented for a clinical evaluation on 01/27/2014. The subjective complaints included pain in the neck, shoulders, and knees. Pain was noted in the low back and plantar aspect of the right foot. The injured worker had been participating in physical therapy for the shoulders and knees. It is noted there was no significant benefit. The injured worker continued to complain of occasional buckling and giving away of his knees. He also noted a grinding sensation in his neck and low back. The objective findings included shoulder tenderness, limited range of motion, significant crepitus, and positive Hawkins' sign. There was bilateral crepitus in the knees, mild joint line pain, the right and left knee range of motion was 13 degrees. There was negative Lachman. The treatment plan included acupuncture for pain and inflammation and completing the remaining physical therapy to the shoulders and knees. The plan was to request an MRI to bilateral shoulders to evaluate for impingement. The provider's rationale for the request was provided within the clinical evaluation dated 01/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of Bilateral Knees:** 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): 34-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, MRI's (magnetic resonance imaging).

**Decision rationale:** The request for an MRI of the bilateral knees is not medically certified. The California MTUS/American College of Occupational and Environmental Medicine indicate special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The clinical perimeters for ordering knee radiographs following trauma are within 24 hours of direct blow or fall. The Official Disability Guidelines provide indications for imaging with MRI: when additional imaging is necessary and internal derangement is suspected. The guidelines continue with repeat MRIs are not recommended unless it is followup post-surgical to assess knee cartilage repair tissue. The injured worker's clinical evaluation on 01/23/2014 indicates bilateral knees with crepitus and mild joint line pain. However, it fails to indicate a positive McMurray test, the evaluation fails to indicate failure of conservative care. In addition, physical therapy and medication therapy followed by bracing and activity modification would be necessary before additional diagnostic studies. It is not indicated there are any other diagnostic examinations to indicate an MRI for the suspicion of internal derangement. Therefore, the request for an MRI of the bilateral knees is not medically certified.

**MRI OF BILATERAL SHOULDERS:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic resonance imaging (MRI).

**Decision rationale:** The request for an MRI of the bilateral shoulders is not medically certified. The California MTUS/American College of Occupational and Environmental Medicine provide a criteria for ordering imaging studies. Imaging may be considered for a patient whose limitations due to consistent symptoms have persisted for 1 month or more: When surgery is being considered for a specific anatomic defect (a full thickness rotator cuff tear). Magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy although MRI is more sensitive and less specific. Relying only on imaging studies to evaluate the source of shoulder symptoms carries a significant risk and diagnostic confusion or false positive test results, because of the possibility of identifying a finding that was present before symptoms began (for example, degenerative partial thickness rotator cuff tears), and therefore, has no temporal association with the symptoms. The Official Disability Guidelines indicating magnetic resonance imaging is indicated for acute shoulder trauma, suspect rotator cuff tear/impingement; over the age of 40; and normal plain radiographs. The guidelines also provide indication for MRI with subacute shoulder pain, suspect instability/labral

tear, repeat MRIs are not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The clinical evaluation on 01/23/2014 does indicate shoulder pain, and physical therapy for shoulders with no significant benefit. The request for an MRI for the bilateral shoulders to evaluate for impingement and rule out rotator cuff tear was noted in the treatment plan. However, there is no indication of failed conservative treatment included medication management. There is no other diagnostic evaluations noted. The evaluation does not give enough significant objective data to warrant an MRI of the bilateral shoulders at this time. Therefore, the request for an MRI of the bilateral shoulders is not medically certified.