

Case Number:	CM14-0017367		
Date Assigned:	04/14/2014	Date of Injury:	12/20/2010
Decision Date:	05/30/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 40-year-old male who reported injury on 12/20/2010. The mechanism of injury was a fall. The documentation of 11/27/2013 revealed the injured worker had neck and arm pain, with pain in the low back and pain in the left leg. The injured worker additionally had pain in the right leg at times. The injured worker had x-rays of the left knee which revealed mild degenerative changes; the official read was not provided. The physical examination revealed abduction of the right shoulder was 95 degrees, extension 30 degrees, and flexion 100 degrees. There was no tenderness of bilateral wrists or elbows. There was lichenification of both palms, and hyperkeratotic areas of both palms. The strength on the left, per Jamar dynamometer was average of 90.7 PSI and on the right 94.4 PSI. The left knee revealed good range of motion with a negative McMurray's and Lachman's. The ankles had good range of motion with no swelling or tenderness. The diagnoses include bilateral upper extremity radicular symptoms, left knee sprain rule out meniscal tear, and left shoulder sprain rule out intrinsic left shoulder injury. The treatment plan included Norco 5 mg, methocarbamol, cognitive behavioral therapy, an MRI of the left knee, neurosurgery, or spine surgery consultation regarding cervical spine; and a left shoulder MRI due to significant limitation of range of motion of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347.

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

Decision rationale: ACOEM guidelines indicate that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The clinical documentation submitted for review indicates the injured worker had x-rays in 2010. The official read was not provided. However, the physician documentation indicated the injured worker had objective findings to support the necessity for an MRI of the left knee. Those findings were not submitted as the physical examination revealed the injured worker had a negative McMurray's and Lachman's test on the left knee. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for an MRI of the left knee is not medically necessary.

MRI OF THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

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

Decision rationale: ACOEM Guidelines indicate the primary criteria for ordering imaging studies includes the presence 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 surgery. The clinical documentation submitted for review indicated the injured worker had right shoulder abduction of 95 degrees, extension 30 degrees, and flexion 100 degrees in the right shoulder. There was a lack of documentation of physiologic evidence of tissue insult or neurovascular dysfunction on the left side. There was lack of documentation indicating the injured worker had a failure to progress in a strengthening program intended to avoid surgery. The request as submitted was for the left shoulder, and the objective findings were for the right shoulder. There was a lack of documentation of findings for the left shoulder. Given the above and the lack clarity, the request for an MRI of the left shoulder is not medically necessary.