

Case Number:	CM14-0165202		
Date Assigned:	10/10/2014	Date of Injury:	06/09/2013
Decision Date:	11/10/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/07/2014

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 Arizona. 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 42-year-old male who claims cumulative trauma from 12/2005 until 6/9/2013. He complains of bilateral knee pain, bilateral shoulder pain, and right elbow pain. A follow-up report of 7/16/2014 states the left knee pain is aggravated by prolonged standing and walking. The shoulder pain is aggravated by overhead use and the patient has anterior acromial tenderness bilaterally with a positive speed test and a positive impingement sign and only a slight decreased range of motion. An MRI scan of the left knee done on 10/7/2013 revealed degenerative changes of the patella and what may be a parameniscal cyst. Because of ongoing complaints of pain, the treating physician requests bilateral MRI scans of the shoulder, an MRI scan of the left knee, a range of motion test, and ongoing treatment with tramadol for analgesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Bilateral Shoulders.: 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: According to the ACOEM guidelines the criteria for special imaging of the shoulder includes emergence of a red flag which this patient does not have. Physiological evidence of tissue insult or neurovascular dysfunction, again which this patient does not have. Failure to progress in a strengthening program intended to avoid surgery. There is no documentation of such a program being carried out. Classification of the anatomy prior to an invasive procedure. This patient has signs of impingement with almost normal range of motion of the shoulder. Strength testing is not documented in either shoulder. Therefore, the MRI of the Bilateral Shoulders is not medically necessary and appropriate.

MRI of the Left Knee.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

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

Decision rationale: This patient had an MRI scan of the knee which revealed chondromalacia and a parameniscal. There has been no substantial change in the patient's knee since that time. There is no effusion of the knee. The patient can flex his knee to 120 before he complains of pain. He has generalized nonspecific tenderness about the knee with no ligamentous laxity. Therefore, the medical necessity for a repeat MRI scan of the left knee has not been established.

Range of motion (ROM) test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints Page(s): 200-201, 333-335.

Decision rationale: Range of motion testing is part of the initial and ongoing assessment of the knee and shoulder that physicians treating these areas are aware of. It is a part of the physical examination that is carried out for these areas. No special testing requirement is needed. Therefore, the request of Range of motion (ROM) test is not medically necessary and appropriate.

Tramadol 60mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: This patient has been on tramadol for several months. The chronic pain guidelines criteria for ongoing management include documentation of the 4 A's of ongoing monitoring, these include analgesic effects, activities of daily living, adverse side effects, and aberrant drug taking behavior. There is no documentation of this monitoring in the chart. There are 2 drug screens present in the record both are negative for tramadol but there is no documentation as to whether there is a misuse of medication. Considering these factors, the request of Tramadol 60mg #60 is not medically necessary and appropriate.