

Case Number:	CM14-0165242		
Date Assigned:	10/10/2014	Date of Injury:	02/27/2008
Decision Date:	11/10/2014	UR Denial Date:	10/01/2014
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 Physical Medicine and Rehabilitation 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:

According to the records made available for review, this is a 53-year-old female with a 2/27/08 date of injury. At the time (2/11/14) of request for authorization for MRI of the right shoulder and MRI of the left knee, there is documentation of subjective (right shoulder and left knee pain) and objective (tenderness to palpation over right shoulder, left knee medial joint line as well as patellofemoral joint with decreased range of motion, and positive Neer's impingement sign as well as Hawkin's sign of right shoulder) findings, current diagnoses (status post right shoulder arthroscopy, status post left knee surgery, and left knee sprain), and treatment to date (physical therapy and medications). Regarding MRI of the right shoulder, there is no documentation of partial thickness or large full-thickness rotator cuff tears; normal plain radiographs; acute shoulder trauma; suspicion of rotator cuff tear/impingement; and subacute shoulder pain. Regarding, MRI of the left knee, there is no documentation of an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, or clear signs of a bucket handle tear, as well as nondiagnostic radiographs; and a condition/diagnosis (with supportive subjective/objective findings) for which an MRI of the knee is indicated (Nontraumatic knee pain and radiographs nondiagnostic).

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the Right 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): 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Magnetic resonance imaging (MRI)

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of preoperative evaluation of partial thickness or large full-thickness rotator cuff tears, as criteria necessary to support the medical necessity of shoulder MRI. ODG identifies documentation of acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; subacute shoulder pain, or suspect instability/labral tear, as criteria necessary to support the medical necessity of shoulder MRI. Within the medical information available for review, there is documentation of diagnoses of status post right shoulder arthroscopy, status post left knee surgery, and left knee sprain. However, there is no documentation of partial thickness or large full-thickness rotator cuff tears; and normal plain radiographs. In addition, given documentation of a 2/27/08 date of injury, there is no (clear) documentation of acute shoulder trauma. Furthermore, despite documentation of objective (positive Neer's impingement sign as well as Hawkin's sign of right shoulder), there is no (clear) documentation of suspicion of rotator cuff tear/impingement. Lastly, despite documentation of pain, there is no (clear) documentation of subacute shoulder pain. Therefore, based on guidelines and a review of the evidence, the request for MRI of the right shoulder is not medically necessary.

Magnetic Resonance Imaging (MRI) of the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-352. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Magnetic resonance imaging (MRI)

Decision rationale: MTUS reference to ACOEM identifies documentation of an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, or clear signs of a bucket handle tear, as well as nondiagnostic radiographs, as criteria necessary to support the medical necessity of MRI of the knee (first 30 days). ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an MRI of the knee is indicated (such as: acute trauma to the knee, including significant trauma, or if suspect posterior knee dislocation or ligament or cartilage disruption; Nontraumatic knee pain; initial anteroposterior and lateral radiographs nondiagnostic; patellofemoral (anterior) symptoms; initial anteroposterior, lateral, and axial radiographs nondiagnostic; nontrauma, non-tumor, non-localized pain; or initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement), as criteria necessary to support the medical necessity of MRI of the knee (after 30 days). However, despite documentation of subjective (left knee pain) and objective (tenderness to palpation over left knee medial joint line and patellofemoral joint, no ligament instability, and decreased range of motion) findings, and given no documentation of knee radiographs, there is

no documentation of an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, or clear signs of a bucket handle tear, and a condition/diagnosis (with supportive subjective/ objective findings) for which an MRI of the knee is indicated (Nontraumatic knee pain and radiographs nondiagnostic). Therefore, based on guidelines and a review of the evidence, the request for MRI of the left knee is not medically necessary.