

Case Number:	CM14-0185453		
Date Assigned:	11/13/2014	Date of Injury:	09/23/2007
Decision Date:	12/19/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/06/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 a 57-year old with an injury date on 9/23/07. Patient complains of persistent right knee pain and right shoulder pain per 9/22/14 report. The 7/23/14 report states the right knee pain has popping/clicking. Based on the 9/22/14 progress report provided by the treating physician, the diagnoses are: 1. DJD knee 2. Torn lateral meniscus Exam on 9/22/14 showed "pain range of motion of right shoulder." The 5/21/14 report states painful range of motion of right knee. Patient's treatment history includes medications (unspecified). The treating physician is requesting MRI right shoulder without gadolinium. The utilization review determination being challenged is dated 10/7/14. The requesting physician provided treatment reports from 4/14/14 to 9/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Shoulder without Gadolinium: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, protocol

Decision rationale: This patient presents with right knee pain and right shoulder pain. The treater has asked for MRI RIGHT SHOULDER WITHOUT GADOLINIUM on 9/22/14. The treater does not provide a rationale for this request. Review of the reports do not show any evidence of MRIs being done in the past, although the patient was approved for a right shoulder MRI in 2013. Regarding shoulder MRIs, ACOEM guidelines state: "Routine testing (laboratory tests, plain film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain." In this case, the patient was approved for a prior right shoulder MRI but records do not indicate patient had it done. In this case, there are no diagnoses involving the shoulder, and no documentation of failed conservative treatment for the shoulder, only for the knee. Patient had a prior MRI of the shoulder approved. There is lack of sufficient documentation of right shoulder pathology to warrant another MRI of the right shoulder. Recommendation is for denial.