

Case Number:	CM14-0020542		
Date Assigned:	02/21/2014	Date of Injury:	10/10/2001
Decision Date:	07/30/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/19/2014

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 Occupational Medicine 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:

This is a 55-year-old male with a 10/10/01 date of injury. The mechanism of injury was not noted. According to a 10/1/13 progress note, the patient complained of pain and discomfort involving the knee. He also has upset stomach, neck pain, back pain, as well as pain in both hands. Objective findings revealed decreased cervical and lumbosacral range of motion. Motor strength is 5-/5 for both shoulder and knee. There was a positive Apley's test in the bilateral knees. There is positive rotator cuff impingement test of the shoulders. There is positive Tinel's and Phalen's test of the wrists and hands. There is local tenderness in the above regions. Diagnostic impression: Bilateral median neuropathy with carpal tunnel syndrome, status post low back surgery with fusion, lumbosacral disc injury, lumbosacral radiculopathy, bilateral shoulder rotator cuff injury, bilateral knee meniscal injury, depression. Treatment to date includes medication management, activity modification, and surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 CORTISONE INJECTIONS TO THE BILATERAL SHOULDERS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder.

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.

Decision rationale: The ODG states that for rotator cuff disease, corticosteroid injections may be superior to physical therapy interventions for short-term results, and a maximum of three are recommended. If pain with elevation is significantly limiting activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and NSAIDs) for two to three weeks, but the evidence is not yet overwhelming, and the total number of injections should be limited to no more than three. It is unclear from the reports reviewed whether or not the patient has previously received Cortisone injections. The request for 12 injections exceeds the maximum number of injections supported by guidelines. Therefore, the request is not medically necessary and appropriate.

ORTHOPEDIC CONSULTATION FOR THE KNEES: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation : Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) page 127, and the Official Disability Guidelines.

Decision rationale: The ACOEM Guidelines states that consultations are recommended and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In a 10/16/13 progress note, the physician recommends the patient to see an orthopedic surgeon for the patient's knee injury and increased pain and discomfort. Guidelines support consultations with outside specialists as the primary treating provider feels appropriate. Therefore, the request is medically necessary.

MRI OF THE BILATERAL KNEES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336.

Decision rationale: The ACOEM Guidelines recommends MRI for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear, or to determine extent of ACL tear preoperatively. In addition, ODG criteria include acute trauma to the knee, significant trauma, suspected posterior knee dislocation; nontraumatic knee pain and initial plain radiographs either nondiagnostic or suggesting internal derangement. There is no documentation of significant knee trauma or symptoms of an unstable knee condition. Furthermore, it is unknown if the claimant has previously undergone imaging of the bilateral knees, as there are no prior plain films or MRI studies provided for review. Therefore, the request is not medically necessary and appropriate.