

<b>Case Number:</b>	CM14-0021563		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	02/23/2010
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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:

The patient is a 65-year-old female who has submitted a claim for shoulder/arm sprain, myofasciitis low back, left leg joint pain, dislocated patella, and ankle sprain associated with an industrial injury date of February 23, 2010. Medical records from 2013-2014 were reviewed. The patient complained of left shoulder, low back, and left knee pain. The pain in the left shoulder was on and off, and was aggravated by cold weather, overhead reaching, pulling, pushing, or by sleeping on the left side. Low back pain was on and off as well and was aggravated by prolonged sitting, standing and walking. She walked with a limp due to pain. The pain in the left knee was constant with associated swelling. It was aggravated by prolonged standing, walking, and ascending and descending stairs. Physical examination showed left lateral shoulder tenderness. There was limited range of motion of the shoulders. Motor strength was 4/5 on the left upper extremity. Lumbosacral spine examination showed slightly antalgic gait on the left. There was bilateral paravertebral muscle tenderness with guarding noted. There was limited range of motion of the lumbar spine. Left knee examination showed tenderness of the left lateral patellar facet, left medial patellar facet, and left medial joint line. Range of motion was limited and there was slight pain on forced flexion and extension. Patellofemoral compression sign was positive on the left. X-ray of the left shoulder (undated) revealed mild acromioclavicular joint degenerative changes and deltoid inhibition. Lumbar spine x-ray (undated) showed minimal degenerative changes. Left knee x-ray (undated) showed slight patellar changes bilaterally and lateral femoral condyle spur. Treatment to date has included medications, physical therapy, home exercise program, activity modification, extracorporeal shockwave treatment, and left shoulder cortisone injection. The utilization review, dated February 17, 2014, denied the request for MRI of the left knee, left shoulder and lumbar spine because evidence of a recent comprehensive non-operative treatment protocol trial and failure has not been documented.

## 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 LEFT KNEE, LEFT SHOULDER AND LS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Section, MRI; Knee and Leg Section, MRI; Shoulder, MRI.

**Decision rationale:** Regarding the left knee, the Knee Chapter of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by California MTUS states that MRI is recommended 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, suspect posterior knee dislocation; nontraumatic knee pain and initial plain radiographs either nondiagnostic or suggesting internal derangement. In this case, left knee examination showed tenderness, limited range of motion, and positive patellofemoral compression sign. There was no documented episode of locking, popping, giving way, recurrent effusion, or any tear of the left knee. Furthermore, left knee x-ray (undated) showed slight patellar changes bilaterally and lateral femoral condyle spur. The physical examination findings and plain radiographs do not have enough evidence of internal derangement or damage to the ligaments of the knee. The medical necessity for a left knee MRI was not established. Regarding the left shoulder, pages 208, 209 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by California MTUS states that criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. In addition, Official Disability Guidelines states that the criteria for shoulder MRI include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on MRI. In this case, the left shoulder revealed left lateral shoulder tenderness, limited range of motion, and motor strength 4/5 on the left upper extremity. There is evidence of neurologic dysfunction. However, there was no documentation regarding failure of conservative treatment. Furthermore, x-ray of the left shoulder (undated) revealed mild acromioclavicular joint degenerative changes and deltoid inhibition. The medical necessity for MRI of the left shoulder was not established. Regarding the lumbar spine, as stated on pages 303-304 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by California MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. In the recent clinical evaluation, the patient still complains of low back pain with bilateral

paravertebral muscle tenderness with guarding, and limited lumbar range of motion. There was no objective evidence of nerve compromise from the medical records submitted. Furthermore, there was no discussion regarding failure to respond to treatment or future surgical plans. Lumbar spine x-ray (undated) showed minimal degenerative changes. The medical necessity of a lumbar spine MRI was not established. Based on the aforementioned reasons, the request for Magnetic Resonance Imaging (MRI) of the Left Knee, Left Shoulder and LS is not medically necessary.