

Case Number:	CM14-0066755		
Date Assigned:	07/11/2014	Date of Injury:	10/15/2011
Decision Date:	09/19/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/09/2014

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 Illinois. 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 injured worker is a 62-year-old male who reported an injury on 10/15/2011, reportedly when he tumbled over several beds while restraining a suspect, was in altercations, subsequently developed pain in the left knee, left shoulder, low back, and cervical spine. The injured worker's treatment history included X-rays medication, physical therapy. The injured worker was evaluated on 03/19/2014, and it was documented the injured worker complained of bilateral knee pain, left shoulder pain, cervical spine and lumbar pain. The injured worker had right knee surgery in 2005. He underwent arthroscopy, debridement, likely medial meniscectomy, although we do not have those operative reports. The knee continues to be painful. His left knee was troublesome prior to the injury with achy pain, but has significant exacerbation, especially on the medial side of the knee after this injury. His left shoulder had not been painful prior to that. With regard to the lumbar and cervical spine, he has had x-rays and has been treated with physical therapy medications. He has not had MRIs of either. The injured worker reported undergoing an MRI of the left shoulder approximately a year ago; however, we do not have those reports or images. He reported he had a rotator cuff tear. His knees have undergone both x-rays and MRIs. He does have an MRI of the left knee, which was encountered by report. These showed degenerative joint disease, tricompartmental. He has undergone different therapies for these. He stated he had undergone viscosupplementation injections in both knees. He has undergone steroids in his left knee. His medications included Ibuprofen, Vicodin, and Tizanidine, which provide relief, but he was still unable to work. He has been in physical therapy. He has used TENS unit as well. He rated his pain at 10/10 on the pain scale. Physical examination revealed cervical spine showed limited motion in flexion, extension, rotation, and lateral bend that was mildly painful for him. He had no midline tenderness. He had some paraspinal tenderness. His right shoulder exam showed forward flexion to 160 degrees,

abduction to 160 degrees, external rotation to 70 degrees, and internal rotation to his thoracolumbar junction. He has 5/5 supraspinatus, infraspinatus, and subscapular testing on the left side. No tenderness in his AC joint and biceps tendon. Left shoulder showed limited motion with 130 degrees of abduction and forward flexion, external rotation was limited to 50 degrees, and internal rotation is to lumbar spine. He had 4/5 supraspinatus testing with pain; 5/5 supraspinatus and subscap testing on his right side. He had tenderness over his bicipital tendon with a positive O'Brien's, Speed's, and Yergason's; negative cross-body adduction test; neurovascularly, he had normal left upper extremity. His bilateral knees showed varus alignment. He had flexion contracture of approximately 3 to 5 degrees. Flexion was to 140 degrees. There was crepitus both patellofemoral and over the medial joint with motion. He had stable varus and valgus exams 0 to 130 degrees. Negative Lachman and negative positive drawer. There was no detectable fusion at this time. The provider noted the injured worker had X-rays on 03/19/2014 of bilateral knees and left shoulder. Shoulder X-rays showed located glenohumeral joint. There were no fractures. There was type II morphology acromion; minimal AC joint arthrosis; bilateral knee X-rays demonstrated tricompartmental osteoarthritis with osteophyte formation. He has significant medial joint space narrowing worse on the right than left. There was also patellofemoral arthritis with osteophyte formation. Diagnosis included right knee osteoarthritis, tricompartmental, related to industrial injury around 2004; left knee osteoarthritis, tricompartmental, related to industrial injury on 10/15/2011; left shoulder possible rotator cuff tear with impingement related to work injury on 10/15/2011; and cervical and lumbar pain related to injury on 10/15/2011. The Request for Authorization was not submitted for this review. The rationale for a repeat MRI was for a possible surgical intervention, as he has undergone extensive conservative management and continues to have trouble with his left shoulder. His lumbar and cervical spine have not been fully evaluated. Both the bilateral knee show tricompartmental end stage arthritis, and he was a candidate for total knee arthroplasty, as he again failed conservative management.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LEFT SHOULDER WITHOUT CONTRAST: 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): 207-209.

Decision rationale: The request for Magnetic Resonance Imaging of left shoulder without contrast is not medically necessary. ACOEM guidelines recommend imaging studies when physiologic evidence identifies Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems) Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon) Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to

conservative treatment). Imaging studies may be considered for a patient whose limitations due to consistent symptoms persisted for one month or more, i.e., in cases: When surgery is being considered for a specific anatomic defect (e.g., a full-thickness rotator cuff tear). Magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because it demonstrates soft tissue anatomy better. To further evaluate the possibility of potentially serious pathology, such as a tumor. It was documented the injured worker had X-rays on 03/19/2014, however the findings were not submitted for this review. It was noted the injured worker had an MRI less than a year ago, however the provider is unable to obtain those studies. Given the above, the request is not medically necessary.

MRI LUMBAR SPINE WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for the Magnetic Resonance Images of the Lumbar Spine is not medically necessary. ACOEM guidelines recommend imaging studies when physiologic evidence identifies specific nerve compromise on the neurologic examination. The rationale for the request was to re-evaluate and rule out a lumbar disc syndrome. There was no report of re-injury noted. Furthermore, the injured worker's physical examination findings are consistent with no change his current diagnosis. There is a lack of objective findings identifying specific nerve compromise to warrant the use of imaging. There is also no indication of red flag diagnoses or the intent to undergo surgery. Given the above, the request for Magnetic Resonance Imaging of Lumbar spine without contrast is medically necessary.

CONSULT WITH ██████████ FOR TKR BILATERAL KNEES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, CHAPTER 7, CONSULTATION.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Office Visits.

Decision rationale: The request for consult with ██████████ for TKR bilateral knees is not medically necessary. Per the ODG, office visits are recommended based on patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. In addition, the documents failed to indicate longevity of medication usage for the injured worker there is lack of documentation of long-term goals regarding functional improvement. Furthermore, the provider noted the injured worker having issues with his knees since 2005. Given the above, the request is not medically necessary.

MRI OF THE CERVICAL SPINE WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for Magnetic Resonance Imaging of Cervical Spine without contrast is not medically necessary. The ACOEM guidelines recommend imaging studies when physiologic evidence identifies specific nerve compromise on the neurologic examination. The provider indicated the injured had physical therapy however, there were no outcome measurements. There is a lack of objective findings identifying specific nerve compromise to warrant the use of imaging. Given the above, the request is not medically necessary.