

Case Number:	CM14-0076120		
Date Assigned:	07/16/2014	Date of Injury:	10/15/2011
Decision Date:	09/16/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/23/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 62 year old male employee with a date of injury of 10/15/2011. A review of the medical records indicates that the patient is undergoing treatment for tricompartmental osteoarthritis in both knees. He is also diagnosed with a rotator cuff tear in the left shoulder; left 4th digit sprain; cervical spine sprain/strain; left side abdominal contusion; internal derangement right knee; rule out lumbar spine disk injury and lumbar spine radiculitis with myofascitis. Subjective complaints include left shoulder pain especially at night and cervical and lumbar pain. Objective findings include localized tenderness about bicipital groove. There is joint line tenderness of the cervical and lumbar spine. He only has 5 degrees extension bilaterally and has lack of full flexion with crepitation. He has bilateral atrophy of the quadriceps and weakness of the knee muscles. Forward elevation of shoulder is 140 degrees; external rotation to 50 degrees and muscle strength of supraspinatus is 4/5. Examination of the knees reveals varus alignment bilaterally with medial joint line tenderness. His knees are stable to varus, valgus and anterior-posterior testing. The patient tested positive for the following tests: O'Brien's, Speed's Yergason's and abduction tests. Pain is rated at 10/10. Treatment has included a subacromial injection into the left shoulder on 4/20/2014 (injections also did not improve condition). Medications have included ibuprofen, Vicodin, and tizanidine. The patient has also been in Physical Therapy and used a Transcutaneous Electrical Nerve Stimulation (TENS) unit. A consultation for a possible knee arthroplasty was authorized but it never happened due to some confusion with the physician. The utilization review dated 5/15/2014 partially certified Evaluation and Treatment with [REDACTED] for Bilateral knees: modified to consultation only and non-certified MRI left shoulder without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation and Treatment with [REDACTED] for Bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Office visits.

Decision rationale: ACOEM states "if symptoms persist beyond four weeks, referral for specialty care maybe indicated." ACOEM further states, "Referral for surgical consultation may be indicated for patients who have: Activity limitation for more than one month; and Failure of exercise programs to increase range of motion and strength of the musculature around the knee." Official Disability Guidelines (ODG) states, "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged". The patient has failed a prolonged trial of conservative treatment and has tricompartmental osteoarthritis. Therefore, a consultation with a medical specialist is medically reasonable and necessary. However, the current request is two requests. The first part of [REDACTED] for an initial consultation with a medical specialist and the second part is for treatment by a medical specialist. The need for treatment cannot be determined until a medical consultation is completed and medical recommendations are submitted for evidence based review. The utilization reviewer appropriately modified the request and approved the medical consultation portion of the request, but denied the treatment portion. As such the request for Evaluation and Treatment with [REDACTED] for Bilateral knees is not medically necessary at this time.

MRI left shoulder with out contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter ACOEM for Independent Medical Examinations and Consultations (chapter 7).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209,213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic resonance imaging (MRI).

Decision rationale: The medical notes provided noted that a MRI for the left shoulder was certified on 5/7/2014. As MRI examination of the left shoulder without contrast was recently

certified, there is no reason second MRI scan should be certified. The utilization reviewer on 5/15/14 noted this and non-certified the test. As such, the request for an MRI of the left shoulder without contrast is not medically necessary.