

Case Number:	CM14-0083417		
Date Assigned:	07/21/2014	Date of Injury:	11/18/2011
Decision Date:	12/26/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/04/2014

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 General Preventive Medicine, and is licensed to practice in Indiana. 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:

According to the records made available for review, this is a 53-year-old male with a date of injury on 11/18/2011. Documentation from 04/21/2014 indicated that the injured worker was installing water meters requiring him to perform digging in a hole where he subsequently sustained injuries to multiple body parts primarily to the left knee, right shoulder, and right fourth and fifth fingers. Documentation from 04/21/2014 indicated the impression of right shoulder pain without ruling out cuff tear, continued left knee pain status post two arthroscopic surgeries with continued meniscus tear and free fragment on arthrogram on 07/24/2013, neck pain noted to be stable, back pain noted to be stable, and right upper extremity paresthesias. Subjective findings from 04/21/2014 noted the injured worker to have less pain to the neck and back, but continues to have persistent, aching right shoulder pain with numbness and swelling of the right upper extremity; persistent, severe, aching left knee pain; and aching of the right knee. The injured worker rates the pain an eight on a scale of one to ten and notes that pain is increased with any weight bearing activity. Physical examination was remarkable for headaches, difficulty of hearing, difficulty with sleep, weakness and numbness of the extremities, difficulty with balance, and dizziness. The physician also notes plus two deep tendon reflexes that were symmetric, no clonus or increased tone, five out of five strength to the upper extremities, and decreased sensation to the right fourth and fifth fingers. The right shoulder was noted to have a range a motion of sixty percent with flexion, extension, and abduction, a positive impingement sign, and tenderness to the right acromioclavicular joint. The left knee was remarkable for eighty percent range of motion with flexion and ninety percent range of motion with extension with pain, a positive McMurray's sign, and tenderness of the medial joint line and pain. The neck was remarkable for ninety percent range of motion with flexion, extension, and rotation, and trigger point tenderness to the right cervical paraspinal muscles and right trapezius. The low back was

remarkable for pain with lumbar flexion, extension, and straight leg raises. Documentation from 04/21/2014 noted the results of magnetic resonance imaging of the left knee from 07/24/2013 that was remarkable for a medial meniscus tear with free fragment, absence of the posterior horn of the medial meniscus, and an eight millimeter filling defect to the posterior to posterior cruciate ligament. The record from 04/21/2014 indicated prior treatments of two arthroscopic surgeries, use of a ligament brace to the left knee, and notes no current medication regimen. The documentation of the records provided did not indicate specific details of functional improvement, improvement in work function, or in activities of daily living. Medical records from 04/21/2014 noted a work restriction of no bending, no stooping, no squatting, no lifting over ten pounds, and no overhead work. On 05/08/2014, Utilization Review non-certified a magnetic resonance imaging of the right shoulder. Utilization Review based their determination on ACOEM Guidelines, Shoulder Complaints as referenced by CA MTUS Guidelines with the Utilization Review noting that there was no documentation of a trial and failure of conservative treatments, no new or progressive deficits, and no documentation that urgent or emergent surgery is being considered, along with an unclear history of evaluation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder, Magnetic Resonance Imaging (MRI)

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: ACOEM states 'Primary criteria for ordering imaging studies are: 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)". ODG states "Indications for imaging Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; Subacute shoulder pain, suspect instability/labral tear and repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology ." The employee does not meet the criteria listed above. Therefore, the request for an MRI of the right shoulder is not medically necessary.