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| <b>Case Number:</b>   | CM14-0186712 |                              |            |
| <b>Date Assigned:</b> | 11/14/2014   | <b>Date of Injury:</b>       | 08/30/2013 |
| <b>Decision Date:</b> | 01/05/2015   | <b>UR Denial Date:</b>       | 10/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/10/2014 |

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 52-year-old man who sustained a work-related injury on August 30, 2013. Subsequently, the patient developed chronic low back, shoulders, neck, and knees pain. According to the progress note of October 8, 2014, the patient continued complaining of bilateral shoulder pain. He has had one subacromial injection in right shoulder and one subacromial injection in the left shoulder. He has participated in physical therapy for the left shoulder but never for the right shoulder. After the injection and therapy, he felt his left shoulder pain did improve, although he did not see much improvement with his right shoulder. He felt stiff with the right shoulder. Regarding the knee, he continued to have occasional popping. On physical examination of the right shoulder, the patient had tenderness over the anterolateral impingement area. He had 140 degrees of forward flexion, 140 degrees of abduction, with limitations in internal and external rotation and 4/5 rotator cuff strength and positive impingement on 1 and 2 testing. Examination of bilateral knee revealed peripatellar tenderness and crepitation with no significant swelling and with some quads weakness. The patient as diagnosed with cervical spine sprain/strain causing some right-sided radiculitis, left shoulder impingement without rotator cuff tear, bilateral knee patellofemoral pain with direct contusion, and right shoulder impingement. The provider requested authorization for MRI bilateral knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Bilateral Knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

**Decision rationale:** According to MTUS guidelines, MRI has a low ability to identify pathology for regional pain. However it has high ability to identify meniscus tear, ligament strain, ligament tear, patella-femoral syndrome, tendinitis and bursitis. The patient does not have any evidence of the pathology that could be identified with MRI. The patient most recent knee examination performed on October 2014 was normal. Therefore, the request for MRI Bilateral Knees is not medically necessary.