

Case Number:	CM15-0138457		
Date Assigned:	07/28/2015	Date of Injury:	06/01/2014
Decision Date:	08/25/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/16/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 42-year-old male, who sustained an industrial injury on 6/1/14. Initial complaints were of his neck and shoulder pain. The injured worker was diagnosed as having cervical radiculopathy; left shoulder impingement; right knee pain. Treatment to date has included acupuncture; status post left shoulder arthroscopy, synovectomy, labral debridement, subacromial decompression with mini open rotator cuff repair, joint injections (9/8/14); physical therapy; medications. Diagnostic studies included a MRI of the cervical spine (7/16/14); MRI left shoulder multiposition (7/16/14). Currently, the PR-2 notes dated 5/21/15 indicated the injured worker presented for re-examination. The provider documents the urine toxicology screening was negative and does not report the presence of any drugs or narcotics or non-prescribed medications. He has been receiving acupuncture but continues to have problems with the shoulder and the knee. The provider is requesting authorization of a MRI of the shoulder and knee and wants to continue acupuncture until they are authorized. The injured worker has paid for the chiropractic therapy himself. The injured worker is a status post left shoulder arthroscopy, synovectomy, labral debridement, subacromial decompression with mini open rotator cuff repair, joint injections on 9/8/14. A MRI left shoulder multi position dated 7/16/14 impression reveals Acromion: Flat; Acromioclavicular joint: Osteoarthritis; Supraspinatus: Tendinosis and Infraspinatus: Tendinosis. The provider is requesting authorization of MRI of the left shoulder and MRI of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, MRI.

Decision rationale: The claimant was injured in 2014 with diagnoses of cervical radiculopathy; left shoulder impingement; and right knee pain. The claimant is post a left shoulder arthroscopy, synovectomy, labral debridement, subacromial decompression with mini open rotator cuff repair, joint injections (9/8/14); physical therapy; medications. As of May 2015, the injured worker continued to have problems with the shoulder and the knee. An MRI of the left shoulder from July 2014 showed a flat acromion, a flat acromioclavicular joint, osteoarthritis; supraspinatus tendinosis and infraspinatus tendinosis. Another MRI was requested. The MTUS was silent on shoulder MRI in chronic clinical sessions. The ODG notes it is indicted for acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs or for subacute shoulder pain, suspect instability/labral tear. It is not clear what orthopedic signs point to a suspicion of instability or tearing in this case, or if there has been a significant progression of objective signs in the shoulder to support advanced imaging. The request is appropriately not medically necessary.

MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee, MRI.

Decision rationale: As shared previously, the claimant was injured in 2014 with diagnoses of cervical radiculopathy; left shoulder impingement; and right knee pain. The claimant is post a left shoulder arthroscopy, synovectomy, and labral debridement, subacromial decompression with mini open rotator cuff repair, joint injections (9/8/14); physical therapy, and medications. As of May 2015, the injured worker continued to have problems with the shoulder and the knee. An MRI left shoulder from July 2014 showed a flat acromion, a flat acromioclavicular joint, osteoarthritis; supraspinatus tendinosis and infraspinatus tendinosis. The MTUS does not address repeat advanced imaging for chronic knee pain situations. The ODG note in the Knee section for chronic knee issues that such studies can be done if initial anteroposterior, lateral, and axial radiographs non-diagnostic (demonstrate normal findings or a joint effusion) or if internal derangement is suspected. The Agreed Medical Examiner noted the prior MRI demonstrated the presence of chondromalacia and intrasubstance degeneration of the medial meniscus. A diagnosis and source of the knee symptoms was clearly identified. Also, it noted that claimant was not a surgical candidate and it was unlikely his condition would change. In this context, it is

not clinically clear what would be gained with another knee MRI. The request was appropriately not medically necessary under evidence-based criteria.