

Case Number:	CM15-0169092		
Date Assigned:	09/10/2015	Date of Injury:	01/10/2013
Decision Date:	10/15/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/28/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old male who sustained an injury on 1-10-13 resulted when he was carrying some rebar walking on uneven ground he twisted his left knee. He fell to the ground catching himself with his hands and felt pain in his left knee. He continued to have catching, locking, popping and marked swelling of the knee and he was unable to perform regular work. An MRI of the knee showed a complex medial meniscus tear with osteoarthritis involving the medial compartment of the left knee. Diagnostic testing included X-rays and MRI left knee 4-17-13. Diagnoses include tear of meniscus, medial knee, left; chondromalacia patella left. Initial treatment included physical therapy that was not successful. On 5-17-13, he had arthroscopy of the left knee; partial medial and lateral meniscectomies and debridement of chondromalacia. This was followed by physical therapy 3 times a week for 5 weeks. 12-16-13 he had left total knee arthroplasty performed. The medical records from 5-12-15 (independent medical exam) report that on 9-25-14 the diagnoses included rule out shoulder impingement bilateral. The examination reveals limited abduction and flexion slightly beyond horizontal of the bilateral shoulders; mildly positive impingement sign of both shoulders. Authorization was requested for X-rays of the bilateral shoulders, low back and right knee. The diagnoses listed from this report included total knee replacement, left knee; degenerative joint disease thoracic and lumbar spine; degenerative joint disease right knee; right shoulder rotator cuff injury; impingement left shoulder and chronic pain. The recommendation included physical therapy, exercise program to improve mobility and core muscle tone; physical therapy to discourage cane use; Ice; heat and transcutaneous electrical nerve stimulation; MRI scan of the right and left

shoulder; Trazodone for sleep and Duloxetine for chronic pain. The current orthopedic examination from 7-20-15 requests MRI of the right and left shoulders; physical therapy exercise program to improve mobility and core muscle tone is prescribed twice a week for six weeks to help him wean from the use of the cane. Current requested treatments MRI joint upper extremity without dye (bilateral shoulders). Utilization review 7-31-15 MRI joint upper extremity was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI).

Decision rationale: The patient presents with continued pain and discomfort with both shoulders. The request is for MRI of bilateral shoulders. The request for authorization is dated 07/22/15. Physical examination reveals diffuse tenderness on palpation of shoulders. He has pain in the right rotator cuff and glenohumeral area. Left shoulder apprehension test positive, decreased range of motion. No crepitus noted. Apley scratch test shows decrease of external rotation and abduction on left. Per QME report dated 05/12/15, the patient is totally temporarily disabled. ODG-TWC, Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) 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. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)" Per progress report dated 07/20/15, treater's reason for the request is "I have ordered the lab work that [REDACTED] requested, as well as an MRI of the right and left shoulders." Review of provided medical records shows no evidence of a prior MRI of Bilateral Shoulders. In this case, patient continues with pain, discomfort in both shoulders, and is diagnosed with impingement syndrome shoulder. However, treater does not discuss or document any suspicion of rotator cuff tear or instability/labral tear. Per progress report dated 07/20/15, treater states, "though it is unlikely that operative intervention would be required for the shoulders as I feel this primarily represents aggravated impingement from prolonged crutch and walker use rather than actual rotator cuff tears. The request appears reasonable and within guidelines indication. The patient does not appear to meet guideline indications to warrant an MRI. Therefore, the request is not medically necessary.