

Case Number:	CM15-0180335		
Date Assigned:	09/22/2015	Date of Injury:	06/23/2006
Decision Date:	10/26/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/14/2015

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: Emergency 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 57 year old female who sustained an industrial injury on 6-23-2006. A review of medical records indicated the injured worker is being treated for bilateral frozen shoulder, cervical radiculitis, and lumbar radiculitis. Medical records dated 7-14-2015 noted pain in the left shoulder with limited motion and left and right knee pain. Physical examination dated 7-14-2015 noted tender limited motion to the left shoulder and tender medial lateral joint to the left and right knee. Treatment has included Darvocet. Utilization review form dated 8-7-2015 non certified MRI of the left shoulder, MRI of the right knee, and MRI of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging), Left Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: The requested MRI (magnetic resonance imaging), left shoulder, is not medically necessary. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations, page 207-209, recommend an imaging study of the shoulder with documented exam evidence of ligament instability, internal derangement, impingement syndrome or rotator cuff tear, after failed therapy trials. The injured worker has pain in the left shoulder with limited motion and left and right knee pain. Physical examination dated 7-14-2015 noted tender limited motion to the left shoulder and tender medial lateral joint to the left and right knee. The treating physician has not documented recent physical therapy trials to improve muscle strength or range of motion. The treating physician has not documented exam evidence indicative of impingement syndrome, rotator cuff tear or internal joint derangement. The criteria noted above not having been met, MRI (magnetic resonance imaging), left shoulder is not medically necessary.

MRI (magnetic resonance imaging), Left Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: The requested MRI (magnetic resonance imaging), left knee, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, Knee Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 343, note that imaging studies of the knee are recommended with documented exam evidence of ligament instability or internal derangement after failed therapy trials. The injured worker has pain in the left shoulder with limited motion and left and right knee pain. Physical examination dated 7-14-2015 noted tender limited motion to the left shoulder and tender medial lateral joint to the left and right knee. The treating physician has not documented physical exam evidence indicative of ligament instability or internal derangement, not recent physical therapy trials for the affected joints. The criteria noted above not having been met, MRI (magnetic resonance imaging), left knee is not medically necessary.

MRI (magnetic resonance imaging), Right Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: The requested MRI (magnetic resonance imaging), right knee, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, Knee Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 343, note that imaging studies of the knee are recommended with documented exam evidence of ligament instability or internal derangement after failed therapy trials. The injured worker has pain in the left shoulder with limited motion and left and right knee pain. Physical examination dated 7-14-2015 noted tender limited motion to the left shoulder and tender medial lateral joint to the left and right knee. The treating physician has not documented physical exam evidence indicative of ligament instability or internal derangement, not recent physical therapy trials for the affected joints. The criteria noted above not having been met, MRI (magnetic resonance imaging), right knee is not medically necessary.