

Case Number:	CM15-0203323		
Date Assigned:	10/20/2015	Date of Injury:	01/24/2012
Decision Date:	12/03/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/15/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 60 year old female who sustained an industrial injury January 24, 2012. Past history included a left breast mastectomy for malignancy 2002 and arthroscopy right knee 2012 and 2013, hypertension and diabetes. A qualified medical re-evaluation dated March 9, 2015, documented an MRI of the right knee showed a torn ligament in the right knee, followed by the surgery June 4, 2012. He provided diagnoses of large osteochondral defect, lateral femoral condyle, right knee; corresponding chondral defect on the lateral tibial plateau; torn posterior horn medial meniscus, right knee; reactive synovitis, right knee; subacromial impingement, shoulders, left greater than right; small tear of the triangular fibrocartilage complex (TFCC). Recommendations included surgical treatment for left shoulder impingement and arthroscopic evaluation and repair of the right TFCC. A follow-up podiatric evaluation dated April 3, 2015, documented the impression of peroneal tendinitis, right greater than left; bursitis, right greater than left; plantar fasciitis, right greater than left. At issue, is a request for authorization for an MRI of the bilateral shoulders and right knee. There are no primary treating physician's reports available in the medical record for further review. An MRI of the left knee dated April 2, 2015, (report present in the medical record) impression; degenerative marginal osteophyte at the medial femoral condyle; degenerative marginal osteophytes at the lateral femoral condyle and lateral tibial plateau articular surface; degenerative enthesophyte at the anterior aspect of the patellar upper pole; degenerative marginal osteophytes at the posterior aspect of the patellar upper pole and lateral patellar articular surface; knee joint effusion.

According to utilization review dated September 16, 2015, the requests for an MRI of the bilateral shoulders without contrast and an MRI of the right knee without contrast is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right knee without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): General Approach. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg.

Decision rationale: According to the CA MTUS/ACOEM, Knee Complaints Chapter 13, page 341-345 regarding knee MRI, states special studies are not needed to evaluate knee complaints until conservative care has been exhausted. The ODG knee and leg section list the following criteria for ordering an MRI of the knee: Indications for imaging, MRI (magnetic resonance imaging): Acute trauma to the knee, including significant trauma (e.g. motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption. Non-traumatic knee pain, child or adolescent: non-patellofemoral symptoms. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed. Non-traumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected. Non-traumatic knee pain, adult. Non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected. Non-traumatic knee pain, adult - non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening). Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007) Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. The clinical information submitted for review does not demonstrate radiology reports from plain x-ray of the right knee or that a period of conservative care has been performed and failed. In addition there is an MRI report from 4/3/15 and there is no documentation in the interim to report a change in symptoms or new objective findings to warrant a new MRI. The CA MTUS/ACOEM guideline criteria for the requested imaging has not been met. The request for knee MRI is therefore not medically necessary.

MRI of bilateral shoulders without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Assessment, Initial Care, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: According to the CA MTUS/ACOEM guidelines Chapter 9 Shoulder complaints regarding imaging of the shoulder, page 207-208 recommends imaging for red flag symptoms, physiologic evidence of tissue insult or neurovascular dysfunction or failure to progress in a strengthening program. In addition imaging such as MRI would be appropriate for clarification of anatomy prior to an invasive procedure. The ODG shoulder section list the following criteria for ordering a shoulder MRI: 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) In this case, none of the criteria has been satisfied based upon the records submitted. There are no radiology reports of shoulder radiographs and no indication that a conservative management program has been tried and failed for shoulder symptoms. Therefore the request for MRI of the shoulder is not medically necessary and appropriate.