

Case Number:	CM15-0020984		
Date Assigned:	02/10/2015	Date of Injury:	02/15/2013
Decision Date:	04/03/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/03/2015

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, Arizona
 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 44-year-old female who reported an injury on 02/15/2013, due to an unspecified mechanism of injury. The injured worker reportedly sustained injuries to multiple body parts to include the right shoulder and bilateral knees. The injured worker was evaluated on 05/20/2013. It was documented that the injured worker had 6/10 left knee pain and 7/10 right shoulder pain. It was documented that the injured worker had continued pain complaints despite conservative treatment to include physical therapy, a home exercise program, activity modification, medications and a TENS unit. Physical findings at that appointment included tenderness to palpation of the lumbar spine with limited range of motion secondary to pain. The injured worker had tenderness of the left knee and right shoulder with limited range of motion and a positive impingement sign of the right shoulder. The injured worker's diagnoses included protrusion at the C5-6 with radiculopathy, right ankle sprain, chronic pain, right foot pain and right median neuropathy. It was noted that there was a continuation of the requests for an MRI of the left knee and right shoulder. The injured worker was again evaluated on 09/02/2014. It was documented that the injured worker complained of 6/10 left knee pain, 5/10 right knee pain and 6/10 right shoulder pain. Physical findings at that appointment included tenderness to palpation of the lumbar spine with restricted range of motion and positive straight leg raising tests bilaterally. It was documented that a continued request was submitted for a right shoulder MRI and a left knee MRI. It was noted that the injured worker's right shoulder condition continued to worsen with resultant decline in activity and function. It was also noted that the

MRI for the left knee was being ordered to rule out internal derangement. No Request for Authorization was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The requested MRI of the right shoulder is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend MRIs for shoulder injuries when symptoms are progressive in nature and have failed to respond to conservative treatment. The clinical documentation indicates that the injured worker has undergone several modalities of conservative treatment; however, continues to have 6/10 shoulder pain. However, the clinical documentation does not provide any indication that the injured worker's right shoulder symptoms are noted to be progressive. There is no objective quantitative measures to support the need for an imaging study. A recent evaluation of functional limitations of the right shoulder was not provided. As such, the requested MRI of the right shoulder is not medically necessary or appropriate.

MRI for the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The requested MRI of the left knee is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend imaging studies to confirm suspicion of internal derangement prior to surgical intervention. The clinical documentation does not provide any indication that the injured worker is a surgical candidate. Additionally, the clinical documentation does not provide a recent assessment of the injured worker's functional limitations of the left knee. Therefore, an imaging study would not be supported. As such, the requested MRI of the left knee is not medically necessary or appropriate.