MAXIMUS Federal Services

| Case Number: | CM15-0213965 | | |
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| Date Assigned: | 11/03/2015 | Date of Injury: | 03/31/1998 |
| Decision Date: | 12/22/2015 | UR Denial Date: | 09/24/2015 |
| Priority: | Standard | Application Received: | 10/30/2015 |

## 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, California
Certification(s)/Specialty: Family Practice

## CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 48 year old male patient, who sustained an industrial-work injury on 3-31-98. The diagnoses include rule out internal derangement left shoulder associated with possible cervical disk syndrome and aggravation of residual patellofemoral medial compartment chondrosis-meniscal tears of the left knee. Per the doctor's note dated 9-14-15, he had complains of renewed left shoulder pain and weakness with intermittent numbness and tingling involving the left forearm and hand as well as aggravation of his residual left knee osteoarthritis. The physician indicates that approximately 4 months ago the patient noted left shoulder pain and weakness with overhead movements as well as renewed discomfort in the left knee. The following morning he woke up with swelling in the left knee. The left shoulder history revealed 2 left shoulder Mumford procedures. The physical exam revealed the left shoulder-satisfactory active and passive overhead range of motion with no significant soft tissue swelling and 1+ tenderness in the left acromioclavicular joint (AC); no limp with gait; the left leg- good quad and hamstring bulk and tone with minimal atrophy compared to the opposite thigh; the left knee a trace non warm effusion with pain free range of motion from full extension to 120 degrees of flexion; the patella-crepitance with active flexion and extension and tenderness, 1+ tenderness over the postmedial joint line and this increased with medial McMurray's where a grinding click or catch present. The physician indicates that he will get a trial of Celebrex and Tylenol and if not significantly improved in 5-6 weeks he will proceed with left shoulder and cervical Magnetic Resonance Imaging (MRI) and repeat the knee Magnetic Resonance Imaging (MRI). He had EMG/NCS dated 5/6/14, which revealed left C6 and /or C7 radiculopathy. The x-ray of the left

shoulder dated 9-14-15 revealed evidence of a Mumford procedure. The x-rays of the bilateral knees dated 9-14-15 revealed both knees have reactive changes present involving the medial femoral condyle of both knees though the joint spaces are well maintained. There is early joint line hypertrophic changes noted bilaterally more pronounced on the left than the right. Treatment to date has included pain medication, 2 left shoulder surgeries, physical therapy, activity modifications, and other modalities. The requested services included 1 set of x-rays of the bilateral knees and 1 set of x-rays of the left shoulder. The original Utilization review dated 9- 24-15 non-certified the request for 1 set of x-rays of the bilateral knees and 1 set of x-rays of the left shoulder.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Set of X-Rays of the Bilateral Knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic), Radiography.

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

**Decision rationale:** 1 Set of X-Rays of the Bilateral Knees. Per the cited guidelines "The clinical parameters for ordering knee radiographs following trauma in this population are: joint effusion within 24 hours of direct blow or fall, palpable tenderness over fibular head or patella, inability to walk (four steps) or bear weight immediately or within a week of the trauma, Inability to flex knee to 90 degrees." Per the records provided, the patient had aggravation of his residual left knee osteoarthritis. The patient has objective findings on the physical exam on the left knee- the left knee- a trace non warm effusion with pain free range of motion from full extension to 120 degrees of flexion; the patella-crepitance with active flexion and extension and tenderness, 1+ tenderness over the postmedial joint line and this increased with medial McMurray's where a grinding click or catch present. However, detailed clinical evaluation of the right knee with significant functional deficits is not specified in the records provided. The medical necessity of 1 set of x-rays of the bilateral knees is not medically necessary for this patient.

**1 Set of X-Rays of the Left Shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic), Radiography.

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

**Decision rationale:** 1 Set of X-Rays of the Left Shoulder. Per the ACOEM guidelines, "For most patients with shoulder problems, special studies are not needed unless a four to six-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red-flag conditions are ruled out. There are a few exceptions:- Stress films of the AC joints (views of both shoulders, with and without patient holding 15-lb weights) may be indicated if the clinical diagnosis is AC joint separation. Care should be taken when selecting this test because the disorder is usually clinically obvious, and the test is painful and expensive relative to its yield. If an initial or recurrent shoulder dislocation presents in the dislocated position, shoulder films before and after reduction are indicated. Persistent shoulder pain, associated with neurovascular compression symptoms (particularly with abduction and external rotation), may indicate the need for an AP cervical spine radiograph to identify a cervical rib." Per the records provided the patient had renewed left shoulder pain and weakness with intermittent numbness and tingling involving the left forearm and hand The left shoulder history revealed 2 left shoulder Mumford procedures. The patient has objective findings on the physical exam of the left shoulder-tenderness in the left acromioclavicular joint (AC). It is medically necessary and appropriate to perform left shoulder X-rays to rule out left shoulder internal injury. The request of 1 set of x-rays of the left shoulder is medically appropriate and necessary for this patient.