

<b>Case Number:</b>	CM15-0220078		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	05/10/2012
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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: New Jersey

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:

The injured worker is a 49 year old male, who sustained an industrial injury on 5-10-2012. Medical records indicate the worker is undergoing treatment for shoulder tenosynovitis. A progress report dated 6-25-2015, reported the injured worker complained of right shoulder pain rated 4 out of 10 and bilateral knee pain rated 5-6 out of 10. Physical examination revealed Hawkins-Kennedy and Neers tests were positive to the right shoulder and bilateral knee tenderness. A more recent progress note from 7-16-2015 showed the injured worker complained of gastro esophageal reflux disease and improving hypertension. Treatment to date has included steroid injections, acupuncture, TENS (transcutaneous electrical nerve stimulation), physical therapy and medication management. The physician is requesting magnetic resonance imaging of both knees and right shoulder and Mobic 7.5mg #30. On 10-9-2015, the Utilization Review noncertified the request for magnetic resonance imaging of both knees and right shoulder and Mobic 7.5mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging), both knees: Upheld**

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

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

**Decision rationale:** The MTUS ACOEM Guidelines state that special testing such as MRI is not needed to evaluate most knee complaints until after a period of conservative care and observation and after red flag issues are ruled out. The criteria for MRI to be considered includes joint effusion within 24 hours of injury, inability to walk or bear weight immediately or within a week of the trauma, and inability to flex knee to 90 degrees. With these criteria and the physician's suspicion of meniscal or ligament tear, an MRI may be helpful with diagnosing. In the case of this worker, although there was complaint of bilateral knee pain, physical findings did not suggest a red flag diagnosis or any other indication for imaging of the knees. The examination of both knees were completely normal, negative provocative testing, non-tender, normal stability. Therefore, without more clear objective signs from physical examination to suggest abnormality, MRI of both knees is not medically necessary.

**MRI (magnetic resonance imaging), right shoulder:** Upheld

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

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

**Decision rationale:** The MTUS Guidelines state that special testing such as MRIs for most patients with shoulder problems are not needed unless a four to six-week period of conservative care and observation fails to improve symptoms and are not recommended earlier than this unless red flags are noted on history or examination that raise suspicion of a serious shoulder condition. Muscle strains do not warrant special testing. Even cases of impingement or muscle tears of the shoulder area should be treated conservatively first, and only when considering surgery would testing such as MRI be helpful or warranted. After the initial course of conservative treatment over the 4-6 week period after the injury, MRI may be considered to help clarify the diagnosis in order to change the plan for reconditioning. The criteria for MRI of the shoulder include 1. Emergence of a red flag (intra-abdominal or cardiac problems presenting as shoulder problems), 2. physiologic evidence of tissue insult or neurovascular dysfunction such as cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis, or Raynaud's phenomenon, 3. Failure to progress in a strengthening program intended to avoid surgery, and 4. Clarification of the anatomy prior to an invasive procedure such as in the case of a full thickness tear not responding to conservative treatment. In this case, the worker, although there was complaint of bilateral shoulder pain, recent physical examination of these areas showed no signs of a red flag diagnosis or other indication for follow-up imaging. All provocative tests were normal. Therefore, without more objective evidence from physical examination of abnormality, MRI of the shoulders is not medically necessary at this time.

**Mobic 7.5 mg Qty 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, there NSAIDs are relatively contraindicated for this worker, based on his hypertension, gastritis, and cardiovascular disease, and so chronic use of Mobic would not be recommended as a primary medication to treat his chronic pain. Therefore, this request for Mobic is not medically necessary.