

<b>Case Number:</b>	CM15-0220225		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	07/01/2010
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	11/06/2015
<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: 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 56 year old male patient who sustained an industrial injury on 7-1-2010. The diagnoses include sprain of the lumbar, sprain of the neck, pain in joint pelvic region and thigh, and sciatica. Per the doctor's note dated 10/27/15, he had complaints of right shoulder pain and bilateral knee pain. Physical exam revealed bilateral knees- range of motion 0 to 120 degrees, tenderness over the medial and lateral joint line, stable Lachman, anterior drawer; stable varus and valgus stress test, 5/5 strength; right shoulder- forward flexion and abduction 0 to 170 degrees, pain with end range of motion, positive Neer's, Hawkin's and Impingement signs. Per the doctor's note dated 10-15-2015, he had neck pain and lower back pain. Lower back pain was radiating to the right groin and to the right leg. Prolonged sitting and squatting aggravates the symptoms. Physical examination noted decreased sensation in the left S1 and a negative straight leg raise. The medications list includes diovan, trilpix ( fenofibric acid), flomax and glucosamine. He has undergone right shoulder rotator cuff repair on 6/2/2011 and right knee arthroscopy on 6/3/15 on non industrial basis. He had X-rays for the knees which revealed degeneration and lateral patellofemoral tilt; X-rays of shoulders with normal findings; right knee MRI dated 4/23/12 which revealed degenerative changes; right shoulder arthrogram on 5/10/11; right shoulder MRI dated 4/23/12 which revealed post operative changes and mild bursitis. Treatment has included physical therapy. Utilization review form dated 11-6-2015 noncertified MRI of the right shoulder and bilateral knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder (updated 10/26/15), Magnetic resonance imaging (MRI).

**Decision rationale:** MRI of the right shoulder. According to ACOEM guidelines, for most patients, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. Criteria for ordering imaging studies are: Emergence of a red flag; e.g., indications of intra abdominal or cardiac problems presenting as shoulder problems; "Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Reynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery.; Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)." He had a right shoulder arthrogram on 5/10/11; right shoulder MRI dated 4/23/12, which revealed post operative changes and mild bursitis. Per the ODG guidelines "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." Significant change in the patient's condition since the last right shoulder MRI that would require a repeat right shoulder MRI is not specified in the records provided. Failure to recent conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. The medical necessity of MRI of the right shoulder is not fully established for this patient at this juncture. Therefore, the request is not medically necessary.

**MRI of the bilateral knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee & Leg (updated 07/10/15), MRIs (magnetic resonance imaging).

**Decision rationale:** MRI of the bilateral knees. Per the ACOEM guidelines cited above, "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation." "Failure of a recent course of conservative therapy including physical therapy and pharmacotherapy for the bilateral knees is not specified in the records provided. Significant functional deficits that would require a bilateral knee MRI is not specified in the records provided. Evidence of red flags is not specified in the records provided. In addition, the patient had right knee MRI dated 4/23/12 which revealed degenerative changes.

Per the cited guidelines, regarding the need for repeat MRIs." Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. Details regarding evidence of recent cartilage repair are not specified in the records provided. The medical necessity of MRI of the bilateral knees is not established for this patient. Therefore, the request is not medically necessary.