

<b>Case Number:</b>	CM15-0222483		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	04/29/2015
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 63-year-old male, who sustained an industrial injury on 04-29-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for multiple dental injuries, left knee strain and sprain, and right shoulder contusion. Medical records (04-29-2015 to 09-29-2015) indicate ongoing and increasing right shoulder pain and left knee pain. Right shoulder pain levels were rated 1 (increased to 5) out of 10 on a visual analog scale (VAS), and left knee pain was rated 1-6 out of 10. Records also indicate increased inability to perform usual recreational activities. Per the treating physician's progress report (PR), the IW has returned to work with restrictions. The physical exam of the right shoulder and left knee, dated 09-29-2015, revealed tenderness to deep palpation over the right biceps tendon and insertion point of the deltoid, positive Hawkin's test, full range of motion (ROM) in the shoulder, minimal to mild tenderness to deep palpation over the lateral and medial aspects of the knee, full ROM of the knee, and very mild pain with McMurray's test. Relevant treatments have included: physical therapy (PT), electrical stimulation, work restrictions, and medications. The treating physician indicates that a MRI of the left knee (09-24-2015) showed a degenerative tear of the lateral meniscus, small under surface tear of the medial meniscus body, evidence of mild tracking patella, subcutaneous edema at the anterior knee, and thickening and linear increased signal on the course of the anterior cruciate ligament suggesting degeneration versus sprain. The request for authorization (09-29-2015) shows that the following services were requested: MRI of the right shoulder, and referral for an orthopedic evaluation and treatment of the left knee. The original utilization review (11-02-2015) non-certified the request for MRI of the right shoulder,

and partially approved the request for a referral for an orthopedic evaluation and treatment of the left knee (modified to approval of evaluation only with no approval for treatment until after consultation and evaluation).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Magnetic Resonance Imaging (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), [www.odg-twc.com](http://www.odg-twc.com); Section: Shoulder (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI).

**Decision rationale:** The claimant sustained a work injury in April 2015 when, while moving equipment, he slipped on a wet floor and fell onto his left knee and right shoulder and sustained a loss of consciousness. The requesting provider saw him for an initial evaluation on 09/28/15. Treatments had included six sessions of physical therapy and use of TENS without significant pain relief. He was having left anterolateral knee pain where he had contacted the floor and right superolateral shoulder pain, which was persistent. Testing had included x-rays and an MRI scan of the left knee with findings of a nondisplaced medial meniscus tear. There had been no imaging done of his shoulder. Physical examination findings included a body mass index of nearly 44. He had a left-sided Trendelenberg gait. There was decreased shoulder range of motion bilaterally with positive right Hawkins testing. He had left lateral knee tenderness with a joint effusion and there was a soft tissue mass. He had decreased knee range of motion with negative McMurray's testing. He had right shoulder abductor and external rotator weakness and weakness of the left knee flexors. The assessment references assuming the role of primary treating physician. An x-ray and MRI of the shoulder were requested. Authorization was also requested for an orthopedic evaluation and treatment of the claimant's knee. Applicable indications for obtaining an MRI of the shoulder are acute trauma where there is a suspected rotator cuff tear/impingement with normal x-rays or subacute shoulder pain where instability or a labral tear is suspected. In this case, there were no findings of instability of a labral tear and plain film x-rays were also requested. Without having the results of plain film imaging, an MRI of the shoulder cannot be accepted as being medically necessary.

#### **Referral for an orthopedic evaluation and Treatment of the left knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

**Decision rationale:** The claimant sustained a work injury in April 2015 when, while moving equipment, he slipped on a wet floor and fell onto his left knee and right shoulder and sustained a loss of consciousness. The requesting provider saw him for an initial evaluation on 09/28/15. Treatments had included six sessions of physical therapy and use of TENS without significant pain relief. He was having left anterolateral knee pain where he had contacted the floor and right superolateral shoulder pain, which was persistent. Testing had included x-rays and an MRI scan of the left knee with findings of a nondisplaced medial meniscus tear. There had been no imaging done of his shoulder. Physical examination findings included a body mass index of nearly 44. He had a left-sided Trendelenberg gait. There was decreased shoulder range of motion bilaterally with positive right Hawkins testing. He had left lateral knee tenderness with a joint effusion and there was a soft tissue mass. He had decreased knee range of motion with negative McMurray's testing. He had right shoulder abductor and external rotator weakness and weakness of the left knee flexors. The assessment references assuming the role of primary treating physician. An x-ray and MRI of the shoulder were requested. Authorization was also requested for an orthopedic evaluation and treatment of the claimant's knee. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant had knee pain despite conservative treatments and imaging showed findings of a meniscal tear. An orthopedic evaluation was medically necessary. However, requesting authorization for unknown treatment without the results of the evaluation was not appropriate and, reason the request cannot be accepted as being medically necessary.