

<b>Case Number:</b>	CM15-0035410		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	11/08/2011
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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

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 58 year old female with an industrial injury dated 11/08/2011 which resulted in injury to the left shoulder. Diagnoses includes rotator cuff syndrome of the shoulder allied disorders. Diagnostic testing has included MRI of the left shoulder (01/18/2014), and x-rays of the left shoulder (01/21/2015). Previous treatments have included conservative measures, medications, left shoulder surgery (07/24/2014), right shoulder surgery (2005), injections, electrical stimulation, and physical therapy. A progress note dated 01/21/2015, reports left shoulder pain with occasional headaches. The objective examination revealed mild post-surgical edema to the left shoulder, restricted range of motion in the left shoulder, tenderness in the biceps tendon, acromioclavicular joint and left trapezius, and decreased rotator strength. The treating physician is requesting MRIs and x-rays of the bilateral knees which was denied by the utilization review. On 02/10/2015, Utilization Review non-certified a request for MRIs of bilateral knees without contrast, and x-rays of bilateral knees (weight-bearing and sunrise views), noting ACOEM guidelines were cited. On 02/25/2015, the injured worker submitted an application for IMR for review of MRIs of bilateral knees without contrast, and x-rays of bilateral knees (weight-bearing and sunrise views).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI bilateral knees without contrast:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. Decision based on Non-MTUS Citation Official disability guidelines knee and leg chapter, MRI.

**Decision rationale:** The patient was injured on 11/08/11 and presents with left shoulder pain and bilateral knee pain. The request is for a MRI OF THE BILATERAL KNEES WITHOUT CONTRAST to "assess further anatomic pathology." The utilization review denial rationale is that "there is no documentation of knee pathology on examination." There is no RFA provided and the patient is on modified work duty. Review of the reports provided does not indicate if the patient had a prior MRI of the bilateral knees. ACOEM Guidelines page 341 and 342 on MRI of the knees state that special studies are not needed to evaluate post knee complaints until after a period of conservative care and observation. Mostly, problems improve quickly once any of the chronic issues are ruled out. For patients with significant hemarthrosis and history of acute trauma, radiography is indicated to evaluate her fracture. Furthermore, ODG states that soft tissue injuries (meniscal, chondral injuries, and ligamentous disruption) are best evaluated by an MRI. For "repeat MRIs: Postsurgical if need to assess knee cartilage repair tissue." Routine use of MRI for follow-up of asymptomatic patients following the arthroplasty is not recommended. ODG Guidelines chapter knee and leg and topic magnetic resonance imaging, recommend MRIs for acute trauma and non-traumatic cases as well. The 01/02/15 report states that the patient has pain located on the anterior aspect of the knees. The pain is constant and it is low in intensity and can increase to moderate in intensity with activities including standing more than 15 minutes, walking more than 30 minutes, crouching, and kneeling. The patient ambulates with an antalgic gait and has a short stance gait. She cannot perform heel-walking. There is tenderness to palpation over the posterior knees and distal right anterior quadriceps. She has a limited range of motion of her knees, a positive McMurray's test, and crepitus bilaterally. ACOEM Guidelines state that "special studies are not needed to evaluate post-knee complaints until after a period of conservative care and observation." Since the injury is from 2011, it would appear that the patient has failed conservative care. Given the patient's chronic knee pain, the requested MRI of the bilateral knees IS medically necessary.

**X-ray bilateral knees, weightbearing and sunrise views:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg Chapter, Radiography.

**Decision rationale:** The patient was injured on 11/08/11 and presents with left shoulder pain and bilateral knee pain. The request is for a X-RAY BILATERAL KNEES, WEIGHTBEARING

AND SUNRISE VIEWS to "assess further anatomic pathology." The utilization review denial rationale is that "there is no documentation of knee pathology on examination." There is no RFA provided and the patient is on modified work duty. Review of the reports provided does not indicate if the patient had a prior x-ray of the bilateral knees. Regarding x-ray of the knee, ODG Guidelines Knee & Leg Chapter under Radiography states "if a fracture is considered, patients should have radiographs if the Ottawa criteria are met. Among the 5 decision rules for deciding when to use plain films in knee fractures, the Ottawa knee rules (injury due to trauma and age > 55 years, tenderness at the head of the fibula or the patella, inability to bear weight for 4 steps, or inability to flex the knee to 90 degrees) have the strongest supporting evidence." In regards to the request for an x-ray of the bilateral knees, the treating physician has not provided a reason for the request other than to "assess further anatomic pathology." Progress notes do not provide discussion of acute trauma or other injury for which an X-ray would be useful in resolving a fracture. Furthermore, examination findings do not discuss any positive Ottawaknee criteria. Therefore, this requested x-ray of the bilateral knees IS NOT medically necessary.