MAXIMUS Federal Services

| Case Number: | CM15-0235358 | | |
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| Date Assigned: | 12/10/2015 | Date of Injury: | 10/13/1997 |
| Decision Date: | 01/20/2016 | UR Denial Date: | 11/19/2015 |
| Priority: | Standard | Application Received: | 12/02/2015 |

## 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 York, Tennessee
Certification(s)/Specialty: Emergency Medicine

## 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 55 year old male with a date of injury on 10-13-97. A review of the medical records indicates that the injured worker is undergoing treatment for chronic knee and shoulder pain. Progress report dated 11-2-15 reports continued complaints of continued complaints of pain in his right shoulder that come with exercise or any activity. While at rest, a Lidoderm pain patch relieves the pain. The pain radiates up the right side of the neck and the back of the shoulder. The neck and shoulder pain is described as intense and tight like a spasm. The pain is rated 5 out of 10 and goes up to 8-9 out of 10 with activities. He reports right shoulder weakness and he cannot reach up behind his back. He has complaints of right knee pain that is constant and sometimes radiates up the back of his leg. He has numbness to his feet and describes the pain as cracking with popping. The pain is rated 6 out of 10 and goes up to 8-9 out of 10 with activities. Physical exam: shoulders intact, normal pulses, reflex and sensation, knees: left and right range of motion equal at 135 flexion and 0 extension, muscle strength is 5 out of 5 with respect to flexors and extensors, right knee with crepitus and pain to compression. Treatments include: medication, physical therapy, and surgery. Request for authorization dated 11-12-15 was made for MRI right shoulder and MRI right knee. Utilization review dated 11-19-15 non-certified the request.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic resonance imaging (MRI).

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

**Decision rationale:** Indications for magnetic resonance imaging (MRI) of the shoulder are as follows: Acute shoulder trauma, suspect rotator cuff tear/impingement, over age 40, normal plain radiographs, subacute shoulder pain, suspect instability/labral tear. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case documentation in the medical record does not support the presence of acute injury or significant change in symptoms and/or findings suggestive of significant pathology. MRI of the shoulder is not medically necessary.

**MRI right knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, MRI's (magnetic resonance imaging).

**Decision rationale:** Per MTUS MRI of the knee is indicated only for meniscus tear if surgery is being considered, ligament tears of the knee for confirmation, or patellar tendinitis if surgery is being considered. Per ODG indications for MRI of the knee are as follows: acute trauma to the knee, including significant trauma (e.g motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption. Non-traumatic knee pain, child or adolescent: nonpatellofemoral symptoms. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed. Non-traumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected. Non-traumatic knee pain, adult. Non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected. Non-traumatic knee pain, adult: non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement. Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. In this case there is no

documentation of crepitus, joint line tenderness, or knee instability. In addition there is no documentation that the surgery is being considered for the knee. MRI of the knee is not medically necessary.