

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0127035 | | |
| Date Assigned: | 08/13/2014 | Date of Injury: | 04/25/2014 |
| Decision Date: | 10/20/2014 | UR Denial Date: | 08/03/2014 |
| Priority: | Standard | Application Received: | 08/11/2014 |

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED], employee who has filed a claim for knee and shoulder pain reportedly associated with an industrial injury of April 25, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; and several months off work. In a utilization review report dated July 31, 2014, the claims administrator denied a request for MRI imaging of the bilateral knees and bilateral shoulders, citing lack of supporting documentation on the part of the attending provider. The applicant's attorney subsequently appealed. In a July 2, 2014, request for authorization form, the attending provider apparently sought authorization for MRI imaging of the bilateral knees and bilateral shoulders. A variety of non-MTUS ODG Guidelines were attached to the request for authorization. A clinical progress note, however, was not attached. X-rays of the left knee of June 5, 2014, were notable for mild degenerative changes of the same. In a June 2, 2014, progress note, the applicant apparently transferred care to a new primary treating provider (PTP), reporting multifocal bilateral hand, bilateral elbow, bilateral shoulder, and bilateral knee pain reportedly associated with cumulative trauma at work over the preceding four years of employment. The applicant was also reporting issues with psychological stress, anxiety, and depression. 180 degrees of shoulder flexion was appreciated bilaterally despite some pain with range of motion testing. Full knee range of motion was noted despite joint line tenderness. A functional capacity evaluation, electrodiagnostic testing of bilateral upper extremities, a psychological evaluation, physical therapy, and x-rays of the numerous body parts were ordered, while the applicant was placed off work, on total temporary disability. The MRI of the knee in question was apparently performed on July 17, 2014, and was notable for an oblique tear of the medial meniscus. MRI imaging of the left knee of July 18, 2014, was notable for a small joint effusion and mild chondromalacia. MRI imaging of the right shoulder was

performed on July 25, 2014, and was notable for a partial-thickness supraspinatus tendon tear with associated bursitis and arthritic changes. MRI imaging of the left shoulder of July 22, 2014, was notable for high-grade partial-thickness undersurface supraspinatus tendon tear. The applicant also apparently went onto receive functional capacity testing plus cardiorespiratory diagnostic testing on June 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Page 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): TABLE 13-2, PAGES 335.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 does acknowledge that MRI imaging can be employed to confirm a diagnosis of meniscal tear, as is apparently present here, in one knee, ACOEM qualifies the recommendation by noting that such testing is indicated only if surgery is being considered or contemplated. In this case, however, there was/is no evidence that the applicant was actively considering or contemplating any kind of surgical intervention involving either knee. One of the knee MRIs, it is further noted, failed to reveal any evidence of a meniscal tear. No clinical progress note was attached to the request for authorization. The requesting provider was a chiropractor (DC), not a surgeon, making it unlikely that the applicant would act on the results of the knee MRI imaging studies in question and/or consider a surgical remedy were it offered. Therefore, the request is not medically necessary.

MRI of bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): TABLE 9-6, PAGE 214.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 214, routine MRI arthrography for evaluation purposes without surgical indications is "not recommended." In this case, there was/is no evidence that the applicant was intent on pursuing any kind of surgical remedy involving either shoulder. There is no evidence that the applicant went onto consult a shoulder surgeon after the MRI imaging of the shoulder uncovered partial-thickness rotator cuff tears. The primary treating provider's pursuit of numerous MRI studies concurrently did imply that these studies were being performed for evaluation purposes with no intention of pursuing a surgical remedy. Therefore, the request was not medically necessary.

