

<b>Case Number:</b>	CM14-0145823		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	04/16/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 70-year-old female with a reported date of injury on 04/16/2013. The injury reportedly occurred when the injured worker got her foot caught in tape which caused her to fall forward and land on both knees with arms outstretched. Her diagnoses were noted to include radial head fracture to the right elbow, musculoligamentous sprain/strain to the right shoulder, right shoulder adhesive capsulitis, musculoligamentous sprain/strain to the left shoulder, derivative injury to the right upper extremity, musculoligamentous sprain/strain to the right wrist and musculoligamentous sprain/strain to the left knee. Her previous treatments were noted to include physical therapy, medications and elbow injection. The progress note dated 04/22/2014 revealed complaints to the right shoulder rated 8/10 to 9/10, right elbow and wrist rated 8/10 to 9/10, left knee 4/10 to 5/10, and a difficult time performing activities of daily living. The physical examination of the shoulder was diminished; the bilateral elbow range of motion was within normal limits. The right wrist range of motion was diminished, to the bilateral shoulders there was a positive O'Brien's, cross abduction, and Speed's test. There was tenderness noted at the lateral epicondyle and radiocarpal joint of the right elbow. The range of motion to the bilateral knees was within normal limits. The provocative testing performed to the left knee noted a positive McMurray's and Apley test. The patellar signs were positive for compression, inhibition, and crepitus. X-rays of the right hand/wrist revealed right hand and wrist degenerative arthritis. X-rays of the bilateral knees revealed degenerative joint disease to the lateral compartment in the left knee and right knee. X-rays of the right elbow revealed a healed radial head fracture with mild malalignment. There was early degenerative arthritis noted that was post-traumatic in nature. There were x-rays performed to the right shoulder which noted mild acromioclavicular joint degenerative joint disease. The Request for Authorization

Form was not submitted within the medical records. The request was for an MRI to the right shoulder, right elbow, right wrist, and left knee to evaluate for further medical treatment.

### **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 ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**Decision rationale:** The request for an MRI to the right shoulder is not medically necessary. The injured worker complains of shoulder pain and tenderness with a decreased range of motion and positive to the bilateral shoulders O'Brien, cross adduction, and Speed's test. The CA MTUS/ACOEM Guidelines state routine testing and more specialized imaging studies are not recommended during the first month to 6 weeks of activity limitation due to shoulder symptoms, except during red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. Cases of impingement syndrome are managed the same regardless of whether the radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or acromioclavicular joint. Suspected acute tears of the rotator cuff in young workers may be surgically repaired acutely to restore function; in older workers, these tears are typically treated conservatively at first. Partial thickness tears should be treated the same as impingement syndrome regardless of magnetic resonance imaging findings. The primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to invasive procedure. The guidelines state imaging may be considered for a patient whose limitations due to consistent symptoms have persisted for more than 1 month in cases when surgery is being considered for a specific anatomic defect and a magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because it demonstrates soft tissue and anatomy better. The guidelines state MRIs can be used to identify and define impingement syndrome, rotator cuff tear, recurrent dislocation, tumor, and infection. There is a lack of documentation showing significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution. Therefore, the request is not medically necessary.

#### **MRI RIGHT ELBOW: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, MRI's.

**Decision rationale:** The request for an MRI to the right elbow is not medically necessary. The injured worker complains of right elbow pain with full range of motion, with tenderness at the lateral epicondyle and radiocarpal joint of the right elbow. The Official Disability Guidelines indications for MRI is chronic elbow pain with suspected intra-articular osteocartilaginous body, a suspected occult injury such as a osteochondral injury, unstable osteochondral injury, suspected nerve entrapment or mass, suspected chronic epicondylitis, suspected collateral ligament tear, suspected biceps tendon tear and/or bursitis with plain films that were nondiagnostic. There was a lack of documentation regarding significant clinical findings or red flags to warrant an MRI. Therefore, the request is not medically necessary.

**MRI RIGHT WRIST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** The request for an MRI to the right wrist is not medically necessary. The injured worker complains of pain and tenderness with diminished range of motion to the right wrist. CA MTUS/ACOEM Guidelines state for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. Most patients improve quickly provided red flag conditions are not ruled out. The exceptions include snuff box (radial/dorsal wrist) tenderness, but minimal other findings, a scaphoid fracture may be present. Initial radiographic films may be obtained but may be negative in the presence of scaphoid fracture. A bone scan may diagnosis a suspected scaphoid fracture with a very high degree of sensitivity, even if obtained within 48 to 72 hours following their injury. In cases of peripheral nerve impingement, if no improvement or worsening has occurred within 4 to 6 weeks, electrical studies may be indicated. The guidelines state an MRI can be used to identify and define infection in wrist pathology. There is a lack of documentation regarding significant clinical findings or red flags to warrant an MRI. Therefore, the request is not medically necessary.

**MRI RIGHT LEFT KNEE:** Upheld

**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): 341-343..

**Decision rationale:** The request for an MRI to the right/left knee is not medically necessary. The injured worker complains of tenderness and pain to the bilateral knees, full range of motion noted, there was positive effusion, McMurray, Apley to the left knee and the bilateral knees had positive compression, inhibition, and crepitus. There was lateral and medial joint line tenderness

of the left knee. The CA MTUS/ACOEM Guidelines recommend MRIs to identify and define a meniscus tear, ligament strain, ligament tear, patellofemoral syndrome, tendinitis, and prepatellar bursitis. The guidelines state that experienced examiners can usually diagnosis in anterior cruciate ligament tear in the nonacute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by any trained examiners, making MRIs valuable in such case. The guidelines also note that MRIs are superior to arthrography for both diagnoses and safety reasons. There is a lack of significant clinical pathology or red flags to warrant an MRI to the bilateral knees. Therefore, the request is not medically necessary.