

Case Number:	CM14-0218446		
Date Assigned:	01/08/2015	Date of Injury:	09/08/2013
Decision Date:	03/05/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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 Jersey

Certification(s)/Specialty: Family Practice

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 54 year old female sustained injuries on 09/08/2013 during the course of her work duties when she slipped on the floor. The injured worker subsequently developed back and right knee pain. MRI of the right knee showed a tear of the posterior horn medial meniscus and MRI of the lumbar spine showed degenerative facet joint disease, degenerative disc disease with disc space narrowing at L4-L5 and L5-S1 and broad-based disc bulging at L5-S1. Diagnoses included right knee medial meniscus tear, lumbar spinal strain, right lumbar radiculitis, lumbosacral neuritis, lumbosacral spondylosis, lumbar degenerative disc disease, facet arthrosis with disc bulging and left knee strain, pain status post right knee arthroscopy. Treatments included oral pain medication, TENS unit, physical therapy, application of a knee brace and acupuncture treatments. The injured worker underwent a right knee arthroscopy with partial medial meniscectomy on 08/14/2014. Medical records from 10/23/2013-12/03/2014 were included. A diagnostic report for MRI of the right knee on 10/23/2013 was included. There is no indication that any diagnostic testing of the right shoulder was performed. The most recent PR-2 from 12/03/2014 notes that the IW had continued pain, swelling and inflammation of the right knee post-surgery. No objective physical examination findings of the right shoulder were included. The PR-2 notes that the IW wanted a post-operative MRI of the right knee. The IW was also noted to complain of right shoulder pain after using crutches which had not improved. Work status was changed from modified duty to off work on 12/03/2014. On 12/18/2014, Utilization Review non-certified a the request for MRI of the right knee and shoulder, citing ACOEM guidelines that indicated that repeat MRI imaging without significant clinical deterioration in

signs and symptoms is not recommended. The UR decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient MRI right Knee and Shoulder MRI: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints Page(s): 207-209 AND 341-343.

Decision rationale: The MTUS ACOEM Guidelines state that special testing such as MRI is not needed to evaluate most knee complaints until after a period of conservative care and observation and after red flag issues are ruled out. The criteria for MRI to be considered includes joint effusion within 24 hours of injury, inability to walk or bear weight immediately or within a week of the trauma, and inability to flex knee to 90 degrees. With these criteria and the physician's suspicion of meniscal or ligament tear, an MRI may be helpful with diagnosing. Regarding shoulder MRI, the MTUS Guidelines also state that special testing such as MRIs for most patients with shoulder problems are not needed unless a four to six-week period of conservative care and observation fails to improve symptoms and are not recommended earlier than this unless red flags are noted on history or examination that raise suspicion of a serious shoulder condition. Muscle strains do not warrant special testing. Even cases of impingement or muscle tears of the shoulder area should be treated conservatively first, and only when considering surgery would test such as MRI be helpful or warranted. After the initial course of conservative treatment over the 4-6 week period after the injury, MRI may be considered to help clarify the diagnosis in order to change the plan for reconditioning. The criteria for MRI of the shoulder include 1. Emergence of a red flag (intra-abdominal or cardiac problems presenting as shoulder problems), 2. Physiologic evidence of tissue insult or neurovascular dysfunction such as cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis, or Raynaud's phenomenon, 3. Failure to progress in a strengthening program intended to avoid surgery, and 4. Clarification of the anatomy prior to an invasive procedure such as in the case of a full thickness tear not responding to conservative treatment. In this case, the worker was exhibiting right knee pain post-operatively for months leading up to this request. The worker requested MRI due to the pain being persistent, however, there was no criteria met which might warrant such a test (no red flag signs/symptoms, no worsening of symptoms, etc.). Also, the request included shoulder MRI, which had even less evidence to support criteria being met, as seen in the notes available for review. Therefore, both shoulder and knee MRIs will be considered medically unnecessary.