

Case Number:	CM15-0012487		
Date Assigned:	01/30/2015	Date of Injury:	10/30/2007
Decision Date:	03/27/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/21/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48-year-old female who reported an injury on 10/30/2007. The mechanism of injury was not provided. Per the documentation of 09/02/2014, the injured worker had complaints of right shoulder pain rated 8/10. The injured worker continued to complain of cervical spine pain that was moderate and localized. Physical examination of the right shoulder revealed tenderness and spasm in the deltoid region. The injured worker had surgical incisions. The injured worker had pain with range of motion. The injured worker had decreased range of motion. The injured worker had a positive empty can, supraspinatus, and impingement tests. The physical examination of the bilateral knees revealed the injured worker had pain bilaterally. There was medial joint line, lateral joint line, and patellar tenderness bilaterally. The injured worker had a positive McMurray's, internal rotation, and external rotation, as well as pivot shift. The diagnoses included osteoarthritis bilateral knees, failed right shoulder surgery, status post cervical fusion, status post ulnar nerve release, pain in joint right elbow, carpal tunnel syndrome left, and lumbar region disc disease. The treatment plan included a 4 wheeled walker, a knee brace, a lumbar brace, a consultation for medication management, and Synvisc injections for the bilateral knees. The request was made for the 3 Synvisc injections for the bilateral knees to potentially delay a total knee replacement. The injured worker was noted to have evidence of osteoarthritis of the knee and had not responded adequately to conservative pharmacologic and nonpharmacologic treatment. The injured worker presented with ongoing tenderness, crepitus, and stiffness with pain causing interference in functional activities. Additionally, the request was made for an MRI of the right shoulder to evaluate and visualize soft tissue structures

including ligaments, tendons, capsule, cartilage based on the history of trauma, ongoing functional limitation, and in order to narrow a specific diagnosis and treatment plan which may include possible surgical intervention as the injured worker had failed to respond to conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast of the 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 Page(s): 207-209.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines indicate the primary criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery or clarification of the anatomy prior to an invasive procedure. The clinical documentation submitted for review indicated the injured worker failed to respond to conservative treatment. The injured worker had positive objective findings upon physical examination including pain with range of motion, spasms, and a positive empty can supraspinatus and impingement test. However, there was a lack of documentation of physiologic evidence of tissue insult or neurovascular dysfunction as there was a lack of documentation of weakness or the presence of edema. Given the above, the request for MRI without contrast of the right shoulder is not medically necessary.

Bilateral knee Euflexxa injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee, Hyaluronic Acid Injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Hyaluronic Injection.

Decision rationale: The Official Disability Guidelines indicate that for the use of hyaluronic acid injections, there should be documentation of a failure of pharmacologic and nonpharmacologic treatments, documentation of severe osteoarthritis, pain interfering with functional activities, and a failure to adequately respond to aspiration and injection of articular steroids and the injured worker should not currently be a candidate for total knee replacements or there should be documentation the younger patient wants to delay total knee replacement. The clinical documentation submitted for review indicate the injured worker wanted to delay a total knee replacement. The physician documented the injured worker had evidence of osteoarthritis

of the knee and had not responded adequately to conservative pharmacologic and nonpharmacologic treatment. The injured worker had ongoing tenderness, crepitus, and stiffness with pain causing interference to functional activities. However, there was a lack of documentation of the injured worker's failure to adequately respond to aspiration and injection of intra-articular steroids. Additionally, the request as submitted failed to indicate the quantity of the Euflexxa injections being requested. Given the above, the request for bilateral knee Euflexxa injection is not medically necessary.