

<b>Case Number:</b>	CM15-0111594		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	04/13/2013
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Texas, California  
 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:

The injured worker is a 63-year-old female who sustained an industrial injury on 04/13/2013. Mechanism of injury occurred in the course of her usual work duties. Diagnoses include right shoulder strain/tendinitis/impingement, lumbar spine sprain/strain with left leg radiculitis and multilevel disc protrusions, right wrist sprain/DeQuervain's tenosynovitis, left hip greater trochanter bursitis, and cervical sprain/strain and right arm radiculitis. Treatment to date has included diagnostic studies, medications, physical therapy, transforaminal epidural steroid injections right L2-4 done on 08/08/2014 and she reported good (50-80%) overall improvement. A physician progress note dated 05/13/2015 documents the injured worker has pain in her right shoulder, lumbar spine and right knee. She rates her pain as a 6-7 out of 10. There is decreased range of motion of the right shoulder with tenderness to palpation of the subacromial joint and the acromioclavicular joint and decreased range of motion with increased pain in all planes. There is positive impingement and 4/5 weakness present. There is tenderness in the lumbar spine area with decreased range of motion and increased pain in all planes. Kemp's is positive bilaterally. She has complaints of her right knee popping, locking and resistance. She has crepitus in the right knee, and McMurray's is positive. Several documents within the submitted medical records are difficult to decipher. The treatment plan included Ultram, Prilosec, Zanaflex, a random urine sample, and a surgical consult in consideration of right shoulder surgery. Treatment requested is for MRA (Magnetic Resonance Arthrography) of the right knee, MRI (Magnetic Resonance Imaging) of the right shoulder, and right knee brace (dispensed). The patient has had MRI of the right shoulder on 10/14/13 that revealed supraspinatus tendinosis without tear and MRI of the lumbar spine on 10/3/14 that revealed disc protrusion

and foraminal narrowing, facet hypertrophy. The patient has had X-ray of the right knee that revealed narrowing of the joint space and evidence of osteophytes and normal left knee X-ray. Patient has received an unspecified number of PT visits for this injury.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MRI (Magnetic Resonance Imaging) of the right shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder: Indications for Imaging - Magnetic Resonance Imaging.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder (updated 05/04/15) Magnetic resonance imaging (MRI).

**Decision rationale:** MRI (Magnetic Resonance Imaging) of the right shoulder Special studies and diagnostic and treatment consideration According to ACOEM guidelines cited below, "for most patients, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out." Criteria for ordering imaging studies are: Emergence of a red flag; e.g., indications of intra abdominal or cardiac problems presenting as shoulder problems; "Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Reynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery.; Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)." Any of the indications that would require a shoulder MRI were not specified in the records provided. Patient did not have any evidence of severe or progressive neurologic deficits that were specified in the records provided. Patient has received an unspecified number of PT visits for this injury. A detailed response to previous conservative therapy was not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. A recent left shoulder X-ray report is not specified in the records provided. Per ODG shoulder guidelines cited below, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." The patient has had MRI of the right shoulder on 10/14/13 that revealed supraspinatus tendinosis without tear. Any changes in physical findings since the last MRI that would require a repeat MRI study were not specified in the records provided. The medical necessity of the request for MRI (Magnetic Resonance Imaging) of the right shoulder is not medically necessary in this patient.

#### **MRA (Magnetic Resonance Arthrography) of the right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter: Indications for Imaging - Magnetic Resonance Imaging.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343: Table 13-5. Ability of Various Techniques to Identify and Define Knee Pathology and Page 341: Special Studies and Diagnostic and Treatment Considerations.

**Decision rationale:** MRA (Magnetic Resonance Arthrography) of the right knee. Official Disability Guidelines Treatment in Workers' Comp., online Edition Knee & Leg (updated 07/10/15) MR arthrography. Per the ACOEM guidelines cited above, "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation." "Most knee problems improve quickly once any red flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture." Per the ODG guidelines cited below, "Recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%. Patients with less than 25% meniscal resection did not need MR arthrography." Any surgical or procedure note related to this injury were not specified in the records provided. Any of these indications for MRA (Magnetic Resonance Arthrography) of the right knee were not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. The records submitted contain no accompanying current PT evaluation for this patient. Previous conservative therapy notes were not specified in the records provided. A plan for an invasive procedure of the right knee was not specified in the records provided. The medical necessity of the request for MRA (Magnetic Resonance Arthrography) of the right knee is not medically necessary in this patient.

**Right knee brace (dispensed):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg regarding Knee brace.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340 Activity alteration. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 10/27/14) Knee brace.

**Decision rationale:** Right knee brace (dispensed) Per the ACOEM guidelines cited below "Among patients with knee OA and mild or moderate valgus or varus instability, a knee brace can reduce pain, improve stability, and reduce the risk of falling. A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical." In addition per the ODG Guidelines knee brace is recommended for, "1. Knee instability, 2. Ligament insufficiency/deficiency, 3. Reconstructed ligament, 4. Articular defect repair 5. Avascular necrosis, 6. Meniscal cartilage repair, 7. Painful failed total knee arthroplasty 8. Painful high tibial osteotomy, 9. Painful unicompartmental osteoarthritis, and 10. Tibial plateau fracture ." A physician progress note dated 05/13/2015 documents the injured worker has pain in her right shoulder, lumbar spine and right knee. She rates her pain as a 6-7 out of 10. She has complaints of her right knee popping, locking. She has crepitus in the right knee, and McMurray's is positive. The patient has had X-ray of the right knee that revealed narrowing of the joint space and evidence of osteophytes and normal left knee X-ray. Patient has already been treated with a conservative treatment and he has been doing a home exercise program. There is pain in the right knee with significant physical exam findings, suggesting instability and possibility of internal derangement. Therefore, the patient would be benefitted by a Right knee brace. The request for Right knee brace (dispensed) is medically necessary and appropriate for this patient.