

Case Number:	CM15-0118404		
Date Assigned:	06/29/2015	Date of Injury:	12/08/2008
Decision Date:	07/29/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/18/2015

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 male, who sustained an industrial injury on 12/8/08. On 4/30/15 the injured worker has complaints of left shoulder pain that radiates to the left upper arm, left side of the neck and to the left upper extremity with weakness and occasional numbness and tingling. The documentation noted that there is limping or distorted gait and tenderness of the left upper trapezius and subacromial and tenderness along the bilateral L5-S1 (sacroiliac) paravertebral muscles. The documentation noted that there is crepitation in the bilateral knees or range of motion and tenderness along the medial joint line of the bilateral knees. The patient has used a cane for this injury. The patient has had tenderness on palpation on left upper trapezius, bilateral knee and low back, and crepitus in bilateral knee. The medication list includes Ibuprofen. The patient has used a TENS unit. The patient has had history of DM and HTN. The diagnoses have included sprains and strains of shoulder and upper arm; sprain of lumbar and sprains and strains of knee and leg. Treatment to date has included right knee X-ray on 5/12/15 showed knee osteoarthritis; left knee X-ray on 5/12/15 showed knee osteoarthritis and calcifications at the posterior soft tissues of the distal femur which may reflect vascular calcifications and medications. The request was for X-rays of left shoulder; X-rays of the lumbar spine and X-rays of the bilateral knees. Patient sustained the injury during moving heavy bins. Patient has received an unspecified number of chiropractic visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of left shoulder QTY: 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), shoulder (acute and chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

Decision rationale: 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 Raynaud'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)." On 4/30/15 the injured worker has complaints of left shoulder pain that radiates to the left upper arm, left side of the neck and to the left upper extremity with weakness and occasional numbness and tingling. The documentation noted that there is tenderness in the left upper trapezius and subacromial area. The patient has significant objective findings. The patient has had tenderness on palpation on left upper trapezius, bilateral knee and low back, and crepitus in bilateral knee. The diagnoses have included sprains and strains of shoulder and upper arm; sprain of lumbar and sprains and strains of knee and leg. Patient has received an unspecified number of chiropractic visits for this injury, so the pt has already had some conservative treatment and the symptoms are still present. Therefore the request for X-ray of left shoulder QTY: 1 is medically appropriate and necessary at this juncture.

X-ray of the lumbar spine QTY: 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back-lumbar and thoracic (acute and chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Per the ACOEM guidelines cited below, "Lumbar spine x-rays", may be appropriate when the physician believes it would aid in patient management". The documentation noted that there is limping or distorted gait and tenderness along the bilateral L5-S1 (sacroiliac) paravertebral muscles. The patient has used a cane for this injury. The patient has had tenderness on palpation on left upper trapezius, bilateral knee and low back, and crepitus in bilateral knee. The diagnoses have included sprains and strains of shoulder and upper arm;

sprain of lumbar and sprains and strains of knee and leg. Lumbar spine X-ray was requested to aid in patient management. The request for the X-ray of the lumbar spine QTY: 1 is medically necessary and appropriate for this patient at this time.

X-ray of the bilateral knees QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee and leg (acute and chronic).

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: Per the cited guidelines "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The position of the American College of Radiology (ACR) in its most recent appropriateness criteria list the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following knee trauma: "Patient is able to walk without a limp, "Patient had a twisting injury and there is no effusion." "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." Treatment to date has included right knee X-ray on 5/12/15 showed knee osteoarthritis; left knee X-ray on 5/12/15 showed knee osteoarthritis and calcifications at the posterior soft tissues of the distal femur which may reflect vascular calcifications and medications. Any significant changes in objective physical examination findings since the last X-ray of the bilateral knees that would require a repeat X-ray of the bilateral knees were not specified in the records provided. Rationale for X-ray of the bilateral knees QTY: 1 was not specified in the records provided. The request for X-ray of the bilateral knees QTY: 1 is not medically necessary or fully established for this patient.