

Case Number:	CM15-0120345		
Date Assigned:	06/30/2015	Date of Injury:	06/29/2014
Decision Date:	07/30/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/22/2015

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

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 44 year old female who sustained an industrial injury on 6/29/14 when she stepped off of a chair and injured her right knee. In addition she had cumulative trauma affecting her neck, head, arms, hands, chest, left knee and leg. She was medically evaluated. X-ray of the right knee was negative. She was diagnosed with a knee contusion, started physical therapy, instructed in home exercise program, received a knee brace, given ibuprofen and analgesic balm and had modified work restrictions. She had an MRI of the right knee showing no abnormalities. She currently complains of worsening cervical neck and left shoulder pain and axilla swelling radiating to the scapula, down the arms and hands with pain level of 7-8/10; right knee pain with numbness, tingling and weakness; continuous wrist and hand pain radiating to the fingers (7-8/10). On physical exam of the cervical spine there was tenderness of the posterior muscles on the left, trigger points in the posterior trapezius muscles on the left, left muscle spasms in the trapezius region and decreased range of motion due to pain; left shoulder revealed significant tenderness over the posterior trapezius with decreased range of motion; right knee showed tenderness on palpation over the lateral patellofemoral area, lateral joint line and iliotibial band, range of motion was restricted due to pain, McMurray's causes pain. Medication was Tramadol Cream, Tramadol ER, naproxen, Protonix. Diagnoses include tenosynovitis of the right knee; cervical spine sprain/ strain; shoulder sprain/ strain; left shoulder derangement; left shoulder impingement syndrome; contusion of the knee. Diagnostics include MRI of the right knee (1/13/15) showing a Baker's cyst, tear cannot be excluded; x-ray of the cervical spine (3/17/15) was normal for age; MRI of the right knee (10/1/14) was normal. In the progress note

dated 5/14/15 the treating provider's plan of care includes a request for an MRI of the left shoulder given the complexity, chronicity and vagueness of her complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic resonance imaging (MRI).

Decision rationale: Regarding the request for MRI of the shoulder, Occupational Medicine Practice Guidelines state that more specialized imaging studies are not recommended during the 4 to 6 weeks of activity limitation due to shoulder symptoms except when a red flag is noted on history or examination. Cases of impingement syndrome are managed the same whether or not radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Guidelines further specify imaging studies for physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. ODG recommends MRI of the shoulder for subacute shoulder pain with suspicion of instability/labral tear or following acute shoulder trauma with suspicion of rotator cuff tear/impingement with normal plain film radiographs. Within the documentation available for review, it does not appear the patient has failed conservative treatment as the patient has documented improvement with prior physical therapy sessions. Furthermore, it is unclear how an MRI will change the patient's current treatment plan. A recent exam on 3/17/2015 showed no red flag symptoms or physical exam findings. Given this, the currently requested left shoulder MRI is not medically necessary.