

Case Number:	CM15-0179400		
Date Assigned:	09/21/2015	Date of Injury:	08/06/2013
Decision Date:	11/10/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/11/2015

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: Preventive Medicine, Occupational Medicine

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 59 year old female, who sustained an industrial injury on August 6, 2013, resulting in pain or injury to the right shoulder, left shoulder, both knees, neck, and lower back. A review of the medical records indicates that the injured worker is undergoing treatment for cervical disc disease without upper extremity radiculopathy, lumbar disc disease without lower extremity radiculopathy, right shoulder adhesive capsulitis with probable residual rotator cuff tear and continued acromioclavicular joint pain status post Mumford procedure, left shoulder possible rotator cuff tear, subacromial impingement syndrome, and acromioclavicular joint arthritis, right knee internal derangement, and left knee internal derangement. On August 27, 2015, the injured worker reported constant low back pain, neck pain, left shoulder pain, pain with certain lifting activities in both shoulders, left worse than right knee symptoms. The Initial Orthopedic Consultation report dated August 27, 2015, noted the injured worker's current medications as Norco, Flexeril, and Motrin. The physical examination was noted to show no evidence of radiculopathy, myelopathy, or peripheral nerve motor or sensory deficits. The cervical spine examination was noted to show tenderness in the neck paraspinal muscles with pain at extremes of all range of motion (ROM) with evidence of radicular pathology. The bilateral shoulder examination was noted to show mild evidence of scapulothoracic dyskinesia, with positive Hawkins and Neer tests, cross arm adduction positive, pain with motor strength testing, and tenderness to palpation over the acromioclavicular joints. The bilateral knee examination was noted to show medial and lateral joint line tenderness with positive McMurray's tests and positive squat tests. X-rays of the right knee were noted to be normal and

x-rays of the left shoulder demonstrated degenerative osteoarthritis of the acromioclavicular joint. Prior treatments have included physical therapy, home exercise program (HEP), splinting, shoulder surgery in November 2013, and medication. The injured worker was noted to have been taken off work recently due to all of her complaints, with a work status of total temporary disability. The treatment plan was noted to include requests for authorization for MRIs of the bilateral shoulders and bilateral knees. The Treating Physician's request for authorization was noted to request a follow-up visit, a MRI right knee with interpretation of films, a MRI of the left knee with interpretation of films, a MRI of the right shoulder with interpretation of films, and a MRI of the left shoulder with interpretation of films. The Utilization Review (UR) dated September 8, 2015, certified the follow-up visit, and non-certified the requests for a MRI right knee with interpretation of films, a MRI of the left knee with interpretation of films, a MRI of the right shoulder with interpretation of films, and a MRI of the left shoulder with interpretation of films.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right knee with interpretation of films: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

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 (Acute & Chronic), MRI's (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines state that an MRI of the knee is indicated if internal derangement is suspected. The patient's physical exam shows only some swelling and tenderness. No red-flag indications are present in the medical record. Detailed evidence of severe and/or progressive deficits has not been documented. MRI of the knee is not medically necessary. MRI right knee with interpretation of films is not medically necessary.

MRI of the left knee with interpretation of films: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

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 (Acute & Chronic), MRI's (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines state that an MRI of the knee is indicated if internal derangement is suspected. The patient's physical exam shows only some swelling and tenderness. No red-flag indications are present in the medical record. Detailed evidence of severe and/or progressive deficits has not been documented. MRI of the knee is not medically necessary. MRI left knee with interpretation of films is not medically necessary.

MRI of the right shoulder with interpretation of films: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the MTUS, the primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The medical record is lacking documentation in any of the above criteria. MRI of the right shoulder with interpretation of films is not medically necessary.

MRI of the left shoulder with interpretation of films: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the MTUS, the primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The medical record is lacking documentation in any of the above criteria. MRI of the left shoulder with interpretation of films is not medically necessary.