

Case Number:	CM15-0092681		
Date Assigned:	05/19/2015	Date of Injury:	06/28/2014
Decision Date:	06/30/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/13/2015

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

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 62-year-old male, who sustained an industrial injury on 6/28/2014. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical spine sprain/strain, prior rotator cuff repair and bilateral knees pain with prior right total knee replacement. There is no record of a recent diagnostic study. Treatment to date has included chiropractic care and medication management. In a progress note dated 3/19/2015, the injured worker complains of bilateral shoulder pain, bilateral knee pain with left being worse than right and cervical spine tenderness. The treating physician is requesting a left shoulder x ray, left knee x ray, cervical spine magnetic resonance imaging and left knee magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder X-Ray: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder (Acute & Chronic) chapter, 'Radiography'.

Decision rationale: The 62-year-old patient presents with cervical spine sprain/strain with bilateral upper extremity radiculopathy, as per progress report dated 03/19/15. The request is for LEFT SHOULDER X-RAY. The RFA for the case is dated 03/19/15, and the patient's date of injury is 06/28/14. The patient is status post-right rotator cuff repair and right total knee replacement in 2009, as per progress report dated 03/19/15. Ultrasound of bilateral shoulders, dated 02/15/15, revealed right shoulder rotator cuff repair and left shoulder rotator cuff tendinosis, query articular surface partial tear, humerus and glenohumeral degeneration, and SA-SD bursitis. The patient has been allowed to return to modified work, as per progress report dated 03/19/15. ODG guidelines, chapter 'Shoulder (Acute & Chronic)' and topic 'Radiography', has the following to say, "Plain radiographs should be routinely ordered for patients with chronic shoulder pain, including anteroposterior, scapular Y, and axillary views. Radiographs of the acromioclavicular joint can be difficult to interpret because osteoarthritis of this joint is common by the age of 40 to 50 years." In this case, progress reports are handwritten and difficult to interpret. The patient does suffer from chronic left shoulder pain and has significant left shoulder pathology, as indicated by the ultrasound report dated 02/15/15. ODG guidelines support the routine use of x-rays in patients with chronic shoulder pain. Hence, the request IS medically necessary.

Left Knee X-Ray: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg (Acute & Chronic)chapter, Radiography.

Decision rationale: The 62-year-old patient presents with cervical spine sprain/strain with bilateral upper extremity radiculopathy, as per progress report dated 03/19/15. The request is for LEFT KNEE X-RAY. The RFA for the case is dated 03/19/15, and the patient's date of injury is 06/28/14. The patient is status post-right rotator cuff repair and right total knee replacement in 2009, as per progress report dated 03/19/15. Ultrasound of bilateral shoulders, dated 02/15/15, revealed right shoulder rotator cuff repair and left shoulder rotator cuff tendinosis, query articular surface partial tear, humerus and glenohumeral degeneration, and SA-SD bursitis. The patient has been allowed to return to modified work, as per progress report dated 03/19/15. ODG guidelines, chapter 'Knee & Leg (Acute & Chronic)' and topic 'Radiography (x-rays)', recommend x-rays for acute trauma and non-traumatic cases as well. In this case, progress reports are handwritten and difficult to interpret. The patient has tenderness to palpation in lateral joint line and patellofemoral region bilaterally. The patient is also experiencing limited range of motion. The patellar grind is positive bilaterally and the McMurray's sign is positive on the left. Given the findings of physical examination and the knee pain, the request for x-ray is reasonable and IS medically necessary.

MRI of the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back (Acute & Chronic) chapter, Magnetic resonance imaging (MRI).

Decision rationale: The 62-year-old patient presents with cervical spine sprain/strain with bilateral upper extremity radiculopathy, as per progress report dated 03/19/15. The request is for MRI OF THE CERVICAL SPINE. The RFA for the case is dated 03/19/15, and the patient's date of injury is 06/28/14. The patient is status post-right rotator cuff repair and right total knee replacement in 2009, as per progress report dated 03/19/15. Ultrasound of bilateral shoulders, dated 02/15/15, revealed right shoulder rotator cuff repair and left shoulder rotator cuff tendinosis, query articular surface partial tear, humerus and glenohumeral degeneration, and SA-SD bursitis. The patient has been allowed to return to modified work, as per progress report dated 03/19/15. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', have the following criteria for cervical MRI: (1) Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present (2) Neck pain with radiculopathy if severe or progressive neurologic deficit (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present (5) Chronic neck pain, radiographs show bone or disc margin destruction (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal" (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit (8) Upper back/thoracic spine trauma with neurological deficit. ODG guidelines also state that "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." In this case, the progress reports are handwritten and illegible. The reports do not appear to discuss prior MRI of the cervical spine. Physical examination of the cervical spine, as per progress report dated 03/19/15, revealed decreased range of motion and decreased sensation along C5 and C6 dermatomes bilaterally. The Spurling's test is also positive bilaterally. Given the neurologic findings, an MRI appears reasonable and IS medically necessary.

MRI of the left knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg Chapter under MRI's (Magnetic Resonance Imaging).

Decision rationale: The 62-year-old patient presents with cervical spine sprain/strain with bilateral upper extremity radiculopathy, as per progress report dated 03/19/15. The request is for MRI OF THE LEFT KNEE. The RFA for the case is dated 03/19/15, and the patient's date of injury is 06/28/14. The patient is status post-right rotator cuff repair and right total knee replacement in 2009, as per progress report dated 03/19/15. Ultrasound of bilateral shoulders, dated 02/15/15, revealed right shoulder rotator cuff repair and left shoulder rotator cuff tendinosis, query articular surface partial tear, humerus and glenohumeral degeneration, and SA-SD bursitis. The patient has been allowed to return to modified work, as per progress report dated 03/19/15. ODG-TWC, Knee & Leg Chapter under MRI's (Magnetic Resonance Imaging), states: "Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007) Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended." The guidelines also state that "In determining whether the repair tissue was of good or poor quality, MRI had a sensitivity of 80% and specificity of 82% using arthroscopy as the standard." ODG states that an MRI is reasonable if internal derangement is suspected. Regarding MR arthrography, ODG guidelines "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%." In this case, the progress reports are handwritten and illegible. The reports do not appear to discuss prior MRI of the left knee. The patient has tenderness to palpation in lateral joint line and patellofemoral region bilaterally. The patient is also experiencing limited range of motion. The patellar grind is positive bilaterally and the McMurray's sign is positive on the left. Given the neurological findings, an MRI appears reasonable and IS medically necessary.