

Case Number:	CM13-0001305		
Date Assigned:	05/02/2014	Date of Injury:	04/29/2013
Decision Date:	06/12/2014	UR Denial Date:	06/20/2013
Priority:	Standard	Application Received:	07/12/2013

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in Virginia and the District of Columbia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 30 year old patient who sustained injury on April 29, 2013. She had issues with neck ache and low back pain, in addition to bilateral knee pain. ██████ saw the patient on March 21, 2014 and diagnosed the patient with degenerative arthritis of the knee. He recommended hyalgan injections and prescribed hydrocodone, diclofenac, pantoprazole, flexeril. The patient had received hyalgan injections to the knee and underwent arthroscopic repair on March 11, 2014. ██████ saw the patient on May 6, 2014 and diagnosed the patient with cervical strain. It was recommended that the patient have pain management and orthopedic follow up and physical therapy. She initially saw the patient on June 5, 2013 and diagnosed the patient with cervical strain, lumbar straining, chondromalacia of the left knee and requested orthopedic consultation with ██████ and MRI studies of both knees. On May 22 2013 the patient was instructed to get an MRI of the knees due to pain issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

Decision rationale: Per California MTUS ACOEM Guidelines, it is indicated that reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion(false positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Per ODG, there are indications for MRI: acute trauma to the knee, including significant trauma (eg motor vehicle accident) or if suspect posterior knee dislocation or ligament or cartilage disruption; nontraumatic knee pain, child or adolescent; non patellofemoral symptms. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed; nontraumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral and axial radiograms nondiagnostic(demonstrate normal findings or a joint effusion). If additonal imaging is necessary, and if internal derangement is suspect. Nontraumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangment is suspected. Nontraumatic knee pain, adult-non trauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs(demonstrate evidence of internal derangement, eg peligrini stieda disease, joint compartment widening). Repeat MRIs: post surgical if need to assess knee cartilage repair tissue. Based on the clinical documentation provided, there is no clinical evidence to show that the patient was treated and failed any conservative intervention. Therefore, the request is not medically necessary.

MRI OF THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Procedure Summary.

Decision rationale: Per California MTUS ACOEM Guidelines, it is indicated that reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Per ODG, there are indications for MRI: acute trauma to the knee, including significant trauma (eg motor vehicle accident) or if suspect posterior knee dislocation or ligament or cartilage disruption; nontraumatic knee pain, child or adolescent; non patellofemoral symptms. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed; nontraumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral and axial radiograms nondiagnostic (demonstrate normal findings or a joint effusion). If additonal imaging is necessary, and if internal derangement is suspect. Nontraumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangment is suspected. Nontraumatic knee pain, adult-non trauma,

nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs (demonstrate evidence of internal derangement, eg peligrini stieda disease, joint compartment widening). Repeat MRIs: post surgical if need to assess knee cartilage repair tissue. Based on the clinical documentation provided, there is no clinical evidence to show that the patient was treated and failed any conservative intervention. Therefore, the request is not medically necessary.

ORTHOPEDIC CONSULT FOR THE BILATERAL KNEES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM (AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE) GUIDELINES CHAPTER 7 PAGE 127 REFERRAL REQUESTS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 Page 127.

Decision rationale: According to the ACOEM Guidelines, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management and treatment options. The occupational health practioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or the examinee's fitness for return to work. A consultation is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. The patient was referred for consultation prior to administration of conservative therapy and prior work up, knee imaging. Therefore, the request is not medically necessary.

PAIN MANAGEMENT CONSULT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM (AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE) GUIDELINES CHAPTER 7 PAGE 127 REFERRAL REQUESTS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) Page 127.

Decision rationale: According to the ACOEM Guidelines, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management and treatment options. The occupational

health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or the examinee's fitness for return to work. A consultation is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. The patient was referred for consultation despite there being no neurological deficits noted in the clinical documentation provided. There is no further imaging to support the diagnoses. Therefore, the request is not medically necessary.