

Case Number:	CM13-0027961		
Date Assigned:	03/28/2014	Date of Injury:	05/03/2013
Decision Date:	08/04/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/23/2013

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 Occupational Medicine and is licensed to practice in California. 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:

Patient is a 61 year-old female with date of injury 05/02/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/19/2013, lists subjective findings as pain in the neck, back and shoulders, bilaterally. Patient also complained of severe knee pain, bilaterally. Objective findings: Examination of the cervical, thoracic and lumbar spine revealed spasm of the right trapezius, tenderness to palpation along the paraspinal musculature, and decreased range of motion due to pain. Cervical compression test and cervical distraction tests were positive. Examination of the bilateral knees revealed mild swelling and joint tenderness. McMurray's and Lachman's tests were negative. 1. Cervical strain/sprain. 2. Thoracic strain/sprain. 3. Lumbar strain/sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI FOR THE BILATERAL KNEES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, 343.

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: At the time of the initial utilization review, there is documentation that the utilization review physician discussed the issue of MRI to bilateral knees with the requesting provider and there was mutual agreement that conservative treatment in the form of physical therapy would be tried prior to authorizing the MRI studies. This documentation is present in both the utilization review report and on a provider note dated 08/21/2013. There is no followup note in the medical record documenting the outcome of the trial of physical therapy. At the time of the request, the exam findings for both knees failed to meet a minimum criteria and listed in the Official Disability Guidelines for obtaining an MRI of either knee. Therefore, the request is not medically necessary.