

Case Number:	CM13-0038355		
Date Assigned:	12/18/2013	Date of Injury:	11/09/2010
Decision Date:	03/05/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 physician 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 female patient with the date of injury November 9, 2010. A utilization review determination dated October 7, 2013 recommends non-certification of MRI right knee. The previous reviewing physician recommended non-certification of MRI right knee due to the indication for the requested MRI knee not being apparent in the records. A Reevaluation dated October 17, 2013 identifies Subjective findings of right knee having pain radiating down to her foot. She occasionally feels weak when she feels the stabbing pain. Focused Examination identifies range of motion 0-120 degrees. Right knee is specifically tender right medial joint line space. Diagnoses include lumbar myofascial sprain/strain, sprain of neck, impingement/bursitis shoulder, low back syndrome, cervicalgia, lumbar spine herniated nucleus pulposus, cervical spine herniated nucleus pulposus, wrist carpal tunnel syndrome, right shoulder rotator cuff syndrome, right shoulder internal derangement, lumbar sprain/strain, cervical sprain/strain, and lumbar sprain/strain. Recommendations include requesting more acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022.

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 & Leg, MRIs.

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for MRI right knee, Occupational Medicine Practice Guidelines state 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. ODG Indications for imaging -- MRI (magnetic resonance imaging): Acute trauma to the knee, including significant trauma (e.g, motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption; Nontraumatic knee pain, child or adolescent: nonpatellofemoral symptoms. 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 radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected; Nontraumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected; Nontraumatic knee pain, adult - nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening). Within the medical information made available for review, there is documentation of nontraumatic knee pain. However, there is no documentation that radiographs are nondiagnostic. In the absence of such documentation, the currently requested MRI right knee is not medically necessary.