

Case Number:	CM13-0048850		
Date Assigned:	12/27/2013	Date of Injury:	05/06/2013
Decision Date:	02/28/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	11/06/2013

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 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:

The patient is a 58-year-old male who reported an injury on 05/06/2013. The patient is currently diagnosed with cumulative trauma with right shoulder internal derangement, lumbar spine sprain and strain, left knee chronic sprain and strain, right knee chronic sprain and strain, and Parkinson's disease. The patient was seen by [REDACTED] on 08/29/2013. The patient reported continuous pain in bilateral shoulders, thoracic spine, lumbar spine, bilateral knees, and left foot. Physical examination revealed moderate bilateral thoracolumbar spasms; decreased range of motion of the lumbar spine, tenderness with grinding crepitus to passive and active ranges of motion with positive McMurray's testing in bilateral knees, positive impingement testing in the right shoulder, and intact sensation and motor strength in bilateral upper extremities. Treatment recommendations included x-rays of the right shoulder, left knee, right knee, lumbar spine, MRIs of the shoulder, left knee, right knee, and lumbar spine, an authorization for referral to an internist and neurologist, and a trial of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left knee without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. As per the documentation submitted for review, the patient has undergone an MRI of the left knee in 2010 and was subsequently referred for physical therapy and issued a knee brace. Current physical examination of the left knee revealed full range of motion with only tenderness to palpation, crepitus, and positive McMurray's testing. There is no documentation of a new injury or acute traumatic injury. There were also no plain films obtained prior to the request for an MRI. There is no indication of a significant change or a progression in symptoms or physical examination findings that would warrant the need for a repeat MRI at this time. The medical necessity has not been established. As such, the request is non-certified.