MAXIMUS Federal Services

Case Number:	CM13-0058673		
Date Assigned:	12/30/2013	Date of Injury:	01/10/2013
Decision Date:	04/30/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/27/2013

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 Geriatrics and is licensed to practice in New York. 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:

The injured worker is a 31 year old woman with a date of injury of 1/10/13. At issue in this review is an MRI of the thoracic and lumbar spine and left knee. She was seen by her physician on 8/28/13 and complained of neck and lower back pain with radiation to her right leg. On physical exam, she had an antalgic and slow gait. She had decreased right knee range of motion due to pain with mild quadriceps atrophy and decreased tone. She had crepitus and joint line tenderness. She had some right ankle decrease in range of motion due to pain and mild crepitus and tenderness. She also had decreased cervical spine range of motion with tenderness and paraspinous muscle spasms. She had a negative seated straight leg raise. An MRI of the lumbar spine and right knee was completed on 8/12/13 showing disc bulge at L4-5 and grade III patellofemoral and medial compartment chondromalacia with minimal degenerative spurring. There was a normal meniscus, ligaments and tendons were intact. At issue in this review are MRIs of the right knee and thoracic and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

A single positional MRI of the thoracic and lumbar spine, and left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 13 Knee Complaints Page(s): 177-178, 303, 343 & 347.

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation CHAPTER 1 PAGE 12 AND CHAPTER 2, PAGE 21 AND CHAPTER 13, PAGES 329-358

Decision rationale: This injured worker had prior radiographic studies including MRI of the lumbar spine and right knee. Per the MTUS, MRI can be useful to identify and define low back pathology in disc protrusion and spinal stenosis. However, her lumbar pathology had been delineated and documented on prior studies. She also does not have any red flags on physical exam or history to warrant immediate imaging or signs of ligamentous or meniscus pathology which a MRI could identify. The focus of her complaints and physical exams have been on her right knee, not her left knee. The MRIs are not medically necessary.