

Case Number:	CM13-0067578		
Date Assigned:	01/03/2014	Date of Injury:	02/25/2008
Decision Date:	05/21/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/18/2013

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 Physical Medicine & Rehabilitation has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 53 year old male. The date of work injury is 2/25/08. His diagnoses include: 1. Cubital tunnel syndrome/carpal tunnel syndrome, right. 2. C5, C6 and C7 radiculopathy. 3. Left knee, patellar tendinitis and chondromalacia. There is a request for an MRI of the left knee. There is an 11/13/13 primary treating physician office note which states that the patient has multiple complaints, including continued neck pain and stiffness with radicular symptoms in his right hand and left hand. He has not had a follow up for his neck. According to the patient, he was referred him to a neck surgeon for degenerative disk disease. Surgery was a possibility. He has difficulty sleeping, difficulty driving and is unable to continue to work because of the multiple complaints in both of his hands and his neck. On physical exam of his knee, he has persistent anterior and proximal patellar tendon tenderness and retropatellar tenderness. Range of motion is inhibited by pain anteriorly. He has a 0 to 1 + effusion. He has a positive Tinel's over his ulnar nerve at his right elbow and median nerve at his right wrist and likewise, he has the same on the left side. He has reproducible radicular symptoms with cervical compression and extension. The plan includes a follow up with a physician for revisiting treatment modalities, including acupuncture, physical therapy and cervical epidural steroid injection. There is also a plan for an MRI of the left knee due to increased symptoms. He has not had an MRI in over a year and a half. There is a 12/9/13 primary treating physician report which states that on physical exam the patient has medial joint line tenderness on the left knee and proximal patella tendinitis. There is a 9/6/13 primary treating physician document that states that he is not sure not so sure what the patient's original diagnosis was that was attached to his claim. The patient is having on going symptoms in his knee. The physician states that he believes that the patient has some

degree of chondromalacia or degenerative change plus the patellar tendinitis from his repetitive activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 334 AND 336.

Decision rationale: A left knee MRI is not medically necessary per the MTUS and ODG guidelines. Per the MTUS ACOEM knee chapter an MRI is not necessary for patella tendinitis or chondromalacia unless considering surgery. Additionally, per the documentation patient has had a prior knee MRI 1.5 years ago, however the objective findings are not available on documentation submitted. The ODG knee guidelines state that Repeat MRIs are only needed post surgical if need to assess knee cartilage repair tissue. There is no documentation that patient is having surgery or has had surgery. There is no evidence of new injury or red flag conditions. The request for a left MRI is not medically necessary.