

Case Number:	CM13-0067601		
Date Assigned:	01/03/2014	Date of Injury:	07/20/2012
Decision Date:	05/13/2014	UR Denial Date:	12/05/2013
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 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 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:

This 52 year-old patient sustained an injury on 7/20/12 while employed by [REDACTED]. Request under consideration include RIGHT KNEE MRI. Report of 10/21/13 from the provider noted the patient with complaints of left shoulder pain rated at 6/10; right knee pain rated at 5/10; and low back pain rated at 3/10. The patient is s/p left shoulder arthroscopic surgery in February 2013 and is under treatment with post-op PT, completing 3 of the 10 sessions. There is improved range of motion with greater tolerance to exercises; NSAIDs has decreased pain level. Exam of the left shoulder noted tenderness at anterior/AC joint; limited range of motion; cervical spine spasm at trapezius and deltoid less pronounced; spasm refractory to PT, HEP, cold/heat, stretching and modifications of activity, TENS, muscle relaxant cyclobenzaprine. Diagnoses included s/p left shoulder surgery; right knee pain; compensatory low back pain. Review indicated a previous recent authorization for repeat right knee MRI on 5/13/13; however, without any documentation of results from the provider. The above request for right knee MRI was non-certified on 12/5/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT 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): 341-343.

Decision rationale: There is no report of limitations in ADLs, function, or report of acute flare-up or new injury. Submitted reports have not demonstrated any failed conservative treatment trial. The patient exhibit unchanged chronic pain symptom complaints. There is no x-ray of the left knee for review. Recent request for repeat of right knee MRI was authorized in May 2013 without any reporting results. Guidelines states that most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results). The RIGHT KNEE MRI is not medically necessary and appropriate.