

Case Number:	CM13-0071110		
Date Assigned:	01/08/2014	Date of Injury:	04/04/2012
Decision Date:	11/20/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/26/2013

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 48 year old male who was injured on 4/4/2012 after slipping and falling. He was diagnosed with pain in lower leg, possible internal derangement of knee, lumbar sprain, displacement of lumbar intervertebral, wrist sprain, sprain of cruciate ligament of the knee, sprain of the elbow/forearm, and elbow abrasion. He was treated with surgery (bilateral knees-right in 9/2012 and left in 5/2013), acupuncture, physical therapy, and medications. On 10/18/2013, the worker was seen by his primary treating physician for an initial evaluation, complaining of low back pain, bilateral wrist/hand pain, and bilateral knee pain, with numbness and weakness in the arms and hands. He rated his improvement since the injury at 50% or less. Physical examination findings included abnormal gait, abnormal heel-toe walking, bilateral leg strength rated at 3/5, decreased range of motion of both knee joints, positive compression, grinding, and drawer test for both knees. He was then recommended MRI scans of the lumbar spine, bilateral wrists, and bilateral knees. He was also recommended acupuncture and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Bilateral Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: The MTUS ACOEM Guidelines state that special testing such as MRI is not needed to evaluate most knee complaints until after a period of conservative care and observation and after red flag issues are ruled out. The criteria for MRI to be considered includes joint effusion within 24 hours of injury, inability to walk or bear weight immediately or within a week of the trauma, and inability to flex knee to 90 degrees. With these criteria and the physician's suspicion of meniscal or ligament tear, an MRI may be helpful with diagnosing. In the case of this worker, there was no documented report of the worker having any worsening of his knee pain or stability since his prior surgeries and MRI studies of those areas, nor was there any red flag signs or symptoms reported in the documents leading up to this request. Without this clear evidence of a change which might benefit from imaging again, the Bilateral Knee MRIs are not medically necessary.