

Case Number:	CM13-0071655		
Date Assigned:	01/17/2014	Date of Injury:	12/20/2005
Decision Date:	06/06/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/24/2013

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, has a subspecialty in Pain Medicine 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:

The patient is a 57 year old male who was injured on 12/30/2005. He injured his left knee and low back at work when he was doing his usual and customary duties. The patient states that when he was walking off a trailer; he slipped on algae and fell forward landing on his back. Prior treatment history has included Norco 10/325, Voltaren 100 mg, Neurontin 300 mg, Theramine, and topical compounded pain cream. The patient underwent left knee pain status post arthroscopy surgery, electric wheelchair, and front wheel walker. PR2 dated 11/18/2013 indicates the patient reports no change in symptoms. He has constant low back pain, associated with shooting pain down into the left leg. The patient also complains of pain to the left knee. He continues to struggle with long distance walking. He has been using a new electric wheelchair for ambulatory assistance. He also reports left ankle problems of pain and swelling. There is no deformity and no visible muscle atrophy in the upper and lower limbs by gross inspection. There is no swelling in the bilateral lower extremities. There is tenderness to palpation of the left knee. The back exam reveals no evidence of scoliosis. Range of motion in the lumbar spine is unable to be delaminated due to severity of pain. Diagnoses are chronic low back pain, left knee pain status post arthroscopy surgery; ambulation-utilizing assistive device dependent including electric wheelchair and front wheel walker; and left ankle. The treatment and plan includes a request for lumbar spine, left knee, and left ankle MRI without contrast, but he needs IV sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC 2013 Knee and Leg.

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

Decision rationale: As per CA MTUS/ACOEM guidelines, MRI of knee is recommended to identify for suspected meniscal and/or ligamentous pathology. Also, as per ODG, "soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI." In this case, this patient reports left knee and lower back pain radiating to left leg with difficulty walking and using assistive device for ambulation. Physical exam is very limited with documentation of tenderness to palpation on left knee and no atrophy or swelling in the bilateral lower extremities. There is no documentation of comprehensive physical exam findings that suggests ligament or meniscal pathology. Thus, the medical necessity has not been established and the request is non-certified. The request for MRI of left knee is not medically necessary.