

Case Number:	CM14-0101344		
Date Assigned:	07/30/2014	Date of Injury:	10/23/2008
Decision Date:	09/22/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/01/2014

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, 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 injured worker is a 58-year-old male with a reported date of injury on 10/23/2008. The mechanism of injury was noted to be from lifting a machine. His diagnoses were noted to include myalgia and myositis. His previous treatments were noted to include medications and chiropractic treatment. The progress note dated 05/15/2014 revealed complaints of bilateral knee pain. The physical examination of the leg pain revealed the pain radiated to the bilateral lower extremity. The injured worker indicated the pain was made worse by increased activity, movement, sitting a long time, and standing a long time. The injured worker indicated his pain was better by taking medications. The physical examination of the lower extremity revealed slightly diminished sensation to touch at the L4, L5, and S1 nerve root distributions. The Request for Authorization form was not submitted within the medical records. The request was for magnetic resonance test of the bilateral knees; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Bilateral Knees: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for a MRI of the bilateral knees is not medically necessary. The injured worker complained of bilateral knee pain. The California MTUS/ACOEM Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The Guidelines state the parameters for ordering knee radiographs are joint effusion within 24 hours of a direct blow or fall, palpable tenderness over the fibular head or patella, inability to walk or bear weight immediately or within a week of the trauma, and an inability to flex the knee to 90 degrees. The Guidelines state an MRI can be used to identify and define a meniscus tear, ligament strain, ligament tear, patellofemoral syndrome, tendinitis, and prepatellar bursitis. The Guidelines also state MRIs are superior to arthrography for both diagnosis and safety reasons. There is a lack of clinical findings on the physical examination to warrant a magnetic resonance test. The documentation provided indicated the injured worker complained of bilateral knee pain; however, there was a lack of documentation on the physical examination as well as previous conservative measures attempted. Therefore, the request is not medically necessary.