

Case Number:	CM14-0109717		
Date Assigned:	08/01/2014	Date of Injury:	12/23/2013
Decision Date:	10/24/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/15/2014

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 Internal Medicine, and is licensed to practice in California and Illinois. 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 50-year-old male who reported injury on 12/23/2013. The mechanism of injury was the injured worker was standing on a ladder and extending forward, and the ladder slipped out from under him and he fell approximately 12 to 13 feet below. The injured worker landed face forward and was stabbed in the chest by a shank. Upon falling, the injured worker's left elbow hit a rack and folded backwards, and his right arm and knee slammed against the floor. The injured worker underwent surgical intervention to the chest and left elbow. The documentation indicated the injured worker underwent x-rays and MRIs of the chest, neck, shoulders, elbows, upper and lower back, right knee, and right shin. The findings were consistent with fractures in the elbows, right knee, and a hairline fracture in the right shin. The injured worker had electrodiagnostic studies to the upper and lower extremities. The documentation of 02/11/2014 revealed the injured worker had CT scans. Current complaints revealed severe neck pain, radiating into the right hand associated with weakness and numbness. The injured worker complained of right knee pain, increasing with internal and external rotation of the knee joint, making the injured worker limp when walking. The physical examination revealed the injured worker had tendon reflexes that were within normal limits in the left knee and the ankles bilaterally. There was noted to be difficulty checking the deep tendon reflexes in the right knee, as it was painful. The injured worker walked with a limp and had significant pain, and the injured worker could not stand on his right leg. Diagnoses included cervical radiculopathy secondary to disc herniation at C3-4 causing compression of the right side of the spinal cord, injury to the right knee, injury to the right shoulder, injury to the left elbow, and cerebral contusion affecting the right frontal lobe. The treatment plan included an MRI of the right knee to rule out a tear of the meniscus. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right knee without intra-articular contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (updated 06/05/2014), MRI's, Indications for Imaging-MRI

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, MRI's (magnetic resonance imaging)

Decision rationale: The Official Disability Guidelines indicate that repeat MRIs are recommended if it is needed to assess knee cartilage repair tissue. The clinical documentation submitted for review indicated the injured worker underwent a prior MRI. There was a lack of documentation of a significant change in symptoms or objective findings to support the necessity for a repeat MRI. Additionally, there was a lack of documentation of care directed specifically at the right knee to support there was a failure of conservative care. There was a lack of documentation of objective findings to support the necessity for an MRI. Given the above, the request is not medically necessary.