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| Case Number: | CM14-0019796 | | |
| Date Assigned: | 04/28/2014 | Date of Injury: | 07/09/2012 |
| Decision Date: | 07/08/2014 | UR Denial Date: | 02/10/2014 |
| Priority: | Standard | Application Received: | 02/18/2014 |

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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 records presented for review note that this 46-year-old individual was injured in July 2012. The diagnosis is listed as a sprain of the neck. An MRI arthrogram of the knee was not certified in the preauthorization process. The progress note indicated low back pain and numbness in the bilateral lower extremities. Right knee range of motion was limited and the claimant was noted to have 135 of flexion, a normal McMurray's and was stable to varus/valgus stress. There was a negative patellar compression test. The orthopedic consultation completed on August 20, 2013 noted there was sharp pain in the back, bilateral calves, and the diagnosis list included a strain of the cervical spine, strain of the thoracic spine, a concussion, elevated blood pressure and pain in the bilateral lower extremities. It was noted a steroid injection did not relieve the symptoms. Anterior drawer testing and Lachman's testing are noted to be normal. There is instability to varus and valgus stress. McMurray's test is normal. There is no tenderness to palpation of the posterior knees, and there are no plica identified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI ARTHROGRAM OF THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

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

Decision rationale: The reported mechanism of injury involved the cervical spine. There are vague knee complaints. However, there are no red flags noted on the physical examination to suggest the need for an MRI arthrogram of the knee. A peer review was completed on February 6, 2014 noting ongoing complaints of back pain and bilateral lower extremity pain. As such, an MRI arthrogram of the right knee was not medically necessary.