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| Case Number: | CM14-0132232 | | |
| Date Assigned: | 08/25/2014 | Date of Injury: | 01/08/2012 |
| Decision Date: | 09/18/2014 | UR Denial Date: | 07/24/2014 |
| Priority: | Standard | Application Received: | 08/18/2014 |

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 Family Medicine and is licensed to practice in North Carolina. 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 29-year-old with a reported date of injury of 01/18/2012 that occurred when the patient slipped on some water on the floor and a different incident when he was using an electric pallet jack that malfunctioned. The patient has the diagnoses of chronic lumbar sprain/strain, lumbar radiculitis, and sciatic neuritis, chronic bilateral knee pain with sprain/strain, chronic myofascitis, myositis, and myospasm. Past treatment, modalities have included physical therapy. Per the progress notes provided by the treating physician dated 06/26/2014, the patient had complaints of intermittent pain in the low back and right lateral knee. Physical exam noted nonspecific soreness in the lower right paralumbar region with decreased range of motion. The right knee had negative anterior and posterior drawer sign, negative Lachman test, and full range of motion. Lower extremity sensation was intact. Treatment recommendation included aquatic therapy and repeat MRI of the lumbar spine and right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right 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), Treatment Index, 12 Edition (web) , 2014, Knee & Leg- MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 340-347.

Decision rationale: The ACOEM chapter on knee complaints and imaging studies states. Most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases. Also note that MRIs are superior to arthrography for both diagnosis and safety reasons. Table 13- 5 provides a general comparison of the abilities of different techniques to identify physiologic insult and define anatomic defects. Table 13-5 recommends MRI for evaluation of suspected anterior cruciate ligament tears. Per the progress reports, the physician from the Panel Qualified Orthopedic Medical Evaluation recommended an MRI of the right knee before outlining permanent and stationary factors of disability. The reasoning was for evaluation of possible internal derangement. The physical exam however noted no knee abnormalities that would suggest ligament tear and thus the request is not medically necessary.