

Case Number:	CM14-0132499		
Date Assigned:	08/22/2014	Date of Injury:	11/05/2011
Decision Date:	10/01/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/19/2014

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 31-year-old male who reported an injury on 11/05/2011. The injury occurred while standing on two mats, there was liquid under the mats that was causing them to come apart. The injured worker tried to bring them back together, but felt a pain in his lower back and knees. The injured worker's treatment history included MRI on the left knee, physical therapy sessions, x-rays, and medications. The injured worker was evaluated on 08/06/2014 and it was documented that the injured worker complained of low back pain. Physical examination of the left knee revealed normal strength and tone, and normal range of motion. Flexion of the left knee was 120 degrees. Extension of the left knee was 0 degrees. Lumbar spine evaluation revealed well developed, well nourished, in no acute distress, alert, and oriented times 3. Inspection and palpation, tenderness, flank on the right and flank on the left. Surrounding tissue tension/texture was soft. Sensation was normal. Lumbar spine range of motion: forward flexion was 18 degrees to the floor. Extension was 0 degrees. Lateral bending was 10 degrees, and axial rotation was 10 degrees. The injured worker had undergone an MRI of the left knee on 02/29/2012 that revealed medial and lateral collateral ligaments, the anterior and posterior cruciate ligaments, and the quadriceps and patellar tendons all appear intact. A small joint effusion was noted. There was no evidence for chondromalacia patellae. Linear increases in signal intensity without extension to the articular surfaces are noted in the anterior and posterior horns of the medial meniscus and in the anterior horn of the lateral meniscus. A focal increase in signal intensity without extension to the articular surface was noted in the posterior horn of the lateral meniscus. Diagnoses included meniscal tear right knee, lumbar herniation with radiculopathy, lumbago, and lumbar sprain. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300-301.

Decision rationale: The requested is not medically necessary. The CA MTUS/ACOEM states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The documentation does not outline the injured worker to have documented instability or spondylolisthesis for which bracing would be supported. Therefore, the requested back brace is not medically necessary.

MRI left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The requested service is not medically necessary. According to the California MTUS/ACOEM Guidelines, Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The position of the American College of Radiology (ACR) in its most recent appropriateness criteria list the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following knee trauma. Patient is able to walk without a limp, Patient had a twisting injury and there is no effusion, The clinical parameters for ordering knee radiographs following trauma in this population are: Joint effusion within 24 hours of direct blow or fall, Palpable tenderness over fibular head or patella, Inability to walk (four steps) or bear weight immediately or within a week of the trauma and inability to flex knee to 90 degrees. 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. Provides a general comparison of the abilities of different techniques to identify physiologic insult and define anatomic defects. The documentation submitted indicated the injured worker had underwent an MRI of the left knee on 02/21/2012 however, the provider failed to indicate the rationale for a repeat MRI. The injured worker had

previous physical therapy sessions and acupuncture however, the outcome measurements were not provided. The provider failed to indicate long- term functional restoration goals for the injured worker. Therefore, the request for MRI on the left knee is not medically necessary.