MAXIMUS Federal Services

Case Number:	CM14-0163421		
Date Assigned:	10/08/2014	Date of Injury:	10/31/2013
Decision Date:	10/31/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/03/2014

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 Emergency Medicine 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 47 year-old female, who sustained an injury on October 31, 2013. The mechanism of injury occurred when she tripped and fell over a piece of plastic. Diagnostics have included: August 20, 2014 bilateral knee x-rays reported as showing bilateral medial compartment syndrome. Treatments have included: March 6, 2014 right knee surgery, physical therapy, medications, acupuncture. The current diagnoses are: cervical and lumbar disc protrusion, s/p right knee surgery, left knee meniscal tear, left carpal tunnel syndrome, bilateral shoulder impingement. The stated purpose of the request for Bilateral Knee MRIs was not noted. The request for Bilateral Knee MRIs was denied on September 4, 2014, citing a lack of documentation of neither significant positive exam findings nor conservative treatment for the left knee. The stated purpose of the request for Motor strength test was to document functional improvement. The request for Motor strength test was denied on September 4, 2014, citing a lack of documentation of evidence based guideline support for this testing. Per the report dated August 19, 2014, the treating physician noted complaints of pain to both knees. Exam findings included bilateral knee tenderness with crepitus and positive McMurray sign. Per the report dated September 19, 2014, the treating physician noted complaints of pain to the neck and lower back, left shoulder, and bilateral knees. Exam findings included cervical and lumbar tenderness with diminished range of motion, tenderness and restricted range of motion to the left shoulder, left wrist and bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Knee MRIs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, Knee & Leg

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

Decision rationale: The requested Bilateral Knee magnetic resonance imaging (MRIs) is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) , Chapter 13, Knee Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 343, note that imaging studies of the knee are recommended with documented exam evidence of ligamental instability or internal derangement after failed therapy trials.The injured worker has pain to the neck and lower back, left shoulder, and bilateral knees.The treating physician has documented cervical and lumbar tenderness with diminished range of motion, tenderness and restricted range of motion to the left shoulder, left wrist and bilateral knees. The treating physician has not documented sufficient physical exam evidence indicative of internal derangement, nor conservative therapy trials to the left knee.The criteria noted above not having been met, Bilateral Knee MRIs is not medically necessary.

Motor strength test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, Knee & Leg

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL IMPROVEMENT MEASURES Page(s): 48.

Decision rationale: The requested Motor strength test is not medically necessary. Chronic Pain Medical Treatment Guidelines, Functional Improvement Measures, Page 48 note that in regards to range of motion and muscle testing, that these findings are "measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule." The injured worker has pain in the neck and lower back, left shoulder, and bilateral knees. The treating physician has documented cervical and lumbar tenderness with diminished range of motion, tenderness and restricted range of motion to the left shoulder, left wrist and bilateral knees. The treating physician has not documented the medical necessity for this diagnostic exam as a separate procedure. The criteria noted above not having been met, motor strength test is not medically necessary.