

Case Number:	CM14-0163672		
Date Assigned:	10/08/2014	Date of Injury:	09/11/2013
Decision Date:	12/03/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/06/2014

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 Occupational 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:

According to the records made available for review, this is a 36-year-old female with a 9/11/13 date of injury. At the time (9/29/14) of request for authorization for MRI of the lumbar spine and bilateral knees, there is documentation of subjective (symptomatic, multiple problems in the bilateral knee and low back; constant pain in the low back, occasional swelling of the knees, buckling on the right knee, intermittent locking of both knees, occasional numbness and tingling along the medial aspect of the left distal thigh, knee, and proximal calf) and objective (crepitation, joint line tenderness, patellofemoral pain, lumbar spine tenderness, lumbar flexion 45 and extension 15 degrees; negative straight leg raise, motor and sensation intact, reflexes 1-2+ and equal) findings, current diagnoses (bilateral knee derangement and lumbar strain), and treatment to date (activity modification, medications, and TENS). There is no documentation of plain film radiograph findings of the lumbar spine, objective findings that identify specific nerve compromise on the neurologic examination, that the patient is considered for surgery for the lumbar spine, and radiograph findings of the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar Spine and Bilateral Knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 303-304, 344-352. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Magnetic resonance imaging (MRI)

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of lumbar MRI. In addition, MTUS reference to ACOEM identifies documentation of an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, or clear signs of a bucket handle tear, as well as nondiagnostic radiographs, as criteria necessary to support the medical necessity of MRI of the knee (first 30 days). ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an MRI of the knee is indicated (such as: acute trauma to the knee, including significant trauma, or if suspect posterior knee dislocation or ligament or cartilage disruption; Nontraumatic knee pain; initial anteroposterior and lateral radiographs nondiagnostic; patellofemoral (anterior) symptoms; initial anteroposterior, lateral, and axial radiographs nondiagnostic; nontrauma, non-tumor, non-localized pain; or initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement), as criteria necessary to support the medical necessity of MRI of the knee (after 30 days). Within the medical information available for review, there is documentation of diagnoses of bilateral knee derangement and lumbar strain. In addition, there is documentation of subjective/objective findings consistent with knee pathology and conservative treatment. However, there is no documentation of plain film radiograph findings of the lumbar spine; objective findings that identify specific nerve compromise on the neurologic examination, and that the patient is considered for surgery for the lumbar spine. In addition, there is no documentation of radiograph findings of the knee. Therefore, based on guidelines and a review of the evidence, the request for MRI of the lumbar spine and bilateral knees is not medically necessary.