

Case Number:	CM14-0168978		
Date Assigned:	10/17/2014	Date of Injury:	09/25/2009
Decision Date:	11/19/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/14/2014

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 Pain Management 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 38 year old male with a date of injury on 9/25/2009. As per the report of 09/03/14, he complained of low back and right knee pain. He has been having more popping and grinding in his knees. He used knee brace all the time for pain and stated that the knee did not feel stable without brace. He has persistent low back pain. On examination, he had exquisite tenderness along the trapezius and shoulder girdle area as well as thoracic and lumbar paraspinal muscles bilaterally. He was able to sit for a few minutes at a time and then stand. His gait was otherwise evenly paced. A magnetic resonance imaging (MRI) of the right knee dated 01/20/12 revealed mild chondromalacia of the patella, small tear of the posterior horn lateral meniscus suspected. Electromyography (EMG)/nerve conduction velocity (NCV) studies dated 02/13/13 revealed positive left S1 and L5 chronic radiculopathy. Current medications include Norco, Brintellix, and Xanax. He stated that once he got into pool and did some stretching; he had good relief of his pain including muscle stiffness and tightness, but when he got out of the pool and returned to his daily activities, the pain returned. He was approved for four sessions of physical therapy. Diagnoses include discogenic lumbar condition with extruded disc at L5-S1, internal derangement of the right knee, treated conservatively; left groin inflammation with no objective findings, element of weight loss, now down 25 pounds; and element of insomnia, stress, depression, and incontinence. The request for magnetic resonance imaging (MRI) of the right knee was denied on 09/29/14.

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 cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, MRI's (magnetic resonance imaging)

Decision rationale: Per the American College of Occupational and Environmental Medicine (ACOEM) guidelines, the criteria for magnetic resonance imaging (MRI) of the knee includes documentation of unstable knee (with documented episodes of locking, popping, giving away, recurrent effusion, signs of bucket handle tear), and to determine the extent of anterior cruciate ligament (ACL) tear preoperatively. Per the Official Disability Guidelines (ODG), criteria for magnetic resonance imaging (MRI) of the knee include significant trauma (i.e. motor vehicle accident [MVA]), suspected posterior dislocation, evidence of internal derangement on X-ray or post-surgically to assess knee cartilage repair. In this case, there is no documented evidence of any of the above conditions. Furthermore, magnetic resonance imaging (MRI) of the right knee dated 01/20/12 has already revealed mild chondromalacia of the patella, small tear of the posterior horn lateral meniscus suspected. There is no documentation of new injuries or plan for surgery to warrant a new study. Therefore, the medical necessity of the request cannot be established based on the clinical information and guidelines.