

Case Number:	CM14-0168985		
Date Assigned:	10/17/2014	Date of Injury:	03/03/2014
Decision Date:	11/26/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/13/2014

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 and 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 underlying date of injury in this case is 3/3/2014. The date of Utilization Review under appeal is 10/9/2014. On 9/29/2014, the treating chiropractor submitted a PR-2 report and noted that the patient had continued loss of function of the right arm and knee as well as low back pain and neck pain and needed additional referral. The patient was noted to have increased pain and abduction of 20 degrees of the right shoulder as well as sensory loss on the right at C5 through C7 and positive KEMPs sign, McMurray's and anterior Drawer findings. The treating physician noted the patient also had range of motion loss on the right knee. The patient was diagnosed with upper extremity subluxation as well as a shoulder sprain and cervical injury. Treatment requests were made for MRI imaging of the right knee and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient MRI of the right knee and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 343, 309.

Decision rationale: Regarding the request for a knee MRI, ACOEM Guidelines, Chapter 13, Knee, page 343 discourages relying on imaging studies to evaluate the source of knee symptoms given the risk of diagnostic confusion. The medical records are very limited in terms of discussing differential diagnosis or other clinical rationale for an MRI of the right knee. This request is not medically necessary. Regarding the request for an MRI of the lumbar spine, ACOEM Guidelines, Chapter 12, Low Back, page 309 recommends MRI imaging of the lumbar spine specifically when there are red flag factors present. The medical records contain very limited neurological examination. The rationale or differential diagnosis supporting the request for an MRI of the lumbar spine is not apparent, based on the available clinical information. Therefore, this request is not medically necessary.