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| Case Number: | CM14-0173800 | | |
| Date Assigned: | 10/27/2014 | Date of Injury: | 07/16/2002 |
| Decision Date: | 12/11/2014 | UR Denial Date: | 09/25/2014 |
| Priority: | Standard | Application Received: | 10/21/2014 |

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, has a subspecialty in Interventional Spine 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 66 year old female with an injury date of 07/16/02. Based on the 08/14/14 progress report provided by [REDACTED] the injured worker complains of bilateral upper extremity and bilateral knee pain. She has flare up of her neck pain as well. Her pain level is at 7 out 10 and it goes up to 8 or 9 with twisting of the neck to the left. Musculoskeletal physical exam shows slight warmth noted to palpation over the left anterior knee. The injured worker has Tinel's positive at left carpal tunnel. X-ray on Left knee dated 09/05/14 showed "minimal lateral marginal osteophytosis and intercondylar region femoral and tibial ossific spurring." EMG of bilateral upper extremities on 08/30/13 showed "severe right median motor demyelinating and axonal neuropathy across the wrist without denervation, moderate right median sensory axonal neuropathy and moderate left median demyelinating and axonal neuropathy across wrist without denervation." Bone scan on 09/11/03 showed "abnormal three phase bone scan showing increased perfusion of the radial tracer to the left knee and lower extremity." The injured worker previously had MRI of right knee on 09/11/02 and 04/04/03. X-ray of right knee on 08/02/02 showed right knee effusion. Her diagnoses include following:
 1. Pain in joint lower leg 2. Right knee arthroscopic debridement - 2001 [REDACTED] is requesting for MRI of left knee. The utilization review determination being challenged is dated 09/25/14. [REDACTED] is the requesting provider, and he provided treatment reports from 07/08/14-08/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of Left Knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) chapter, MRI's (Magnetic Resonance Imaging)

Decision rationale: This injured worker presents with bilateral upper extremity and bilateral knee pain. The request is for Magnetic Resonance Imaging (MRI) of Left Knee. ACOEM Guidelines states "special studies are not needed to evaluate most complaints until after a period of conservative care and observation. For patients with significant hemarthrosis and a history of acute trauma, radiograph is indicated to evaluate for fracture." ODG guidelines may be more appropriate at addressing chronic knee condition. ODG states that an MRI is reasonable if internal derangement is suspected. While the treater does not specifically discuss concerns regarding internal derangement, the injured worker has persistent pain and the injury that is chronic. An MRI would be appropriate particularly given no evidence that the injured worker had an MRI following 2002 knee surgery. The request for Magnetic Resonance Imaging (MRI) of Left Knee is not medically necessary.