

Case Number:	CM14-0178610		
Date Assigned:	10/31/2014	Date of Injury:	04/08/2014
Decision Date:	12/08/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/28/2014

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 Internal 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 (IW) is a 36-year-old woman with a date of injury of April 7, 2014. The IE reports that she was walking on a metal ramp at work. The ramp shifted causing her to lose balance and fall landing on top of the ramp. She reported immediate pain in her abdomen, left knee, and left ankle. Initial treatments included examinations, x-rays, MRI scan, physical therapy, a knee brace, and medications. She was released with work restrictions, but states that her restrictions were not accommodated by her employer resulting in increased pain to her left knee and pain in her neck and back. She was taken off work. X-ray of the left knee dated April 9, 2014 was normal. Pursuant to the progress note dated July 10, 2014, the IW complains of constant pain and stiffness to her cervical spine with daily headaches. She has constant pain and stiffness to her left knee, left ankle, mid and low back with radiating pain into her left lower extremity. Physical examination revealed antalgic gait with ambulation on the left. Exam of the cervical spine revealed no erythema, ecchymosis, or gross deformity. The shoulder girdle is level, without kyphosis or muscle atrophy. Left knee flexion was 103 degrees, and extension was 4 degrees. The right knee was within normal limits (WNL). Motor strengths were 5/5 bilaterally. The patellar and Achilles reflexes were normal and equal bilaterally. The popliteal and dorsalis pedis pulses were normal and equal bilaterally. Skin temperature and venous status were normal in both lower extremities. The IW was diagnosed with cervical spine strain/sprain with possible internal derangement; lumbar spine strain/sprain with possible internal derangement; and left knee strain/sprain with possible internal derangement. Treatment plan indicates that the IW requires conservative treatment consisting of symptomatic medications. Prescriptions were written for Naproxen 550mg, Ultram 50mg, Soma 350mg, and Prilosec 20mg. A follow-up note dated September 10, 2014 was reviewed. The IW presented with tenderness and decreased ROM in the left knee. McMurray's test was positive. Physical examination revealed tenderness and

decreased ROM in the left knee. Diagnoses remain the same. MRI of the left knee was requested. Documentation in the medical record indicated that the IW completed 5 sessions of physical therapy (PT). However, there was no documentation showing the injured worker's progression in PT and if she had or had not made any functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRI of the left knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG); Knee section, MRI

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the left knee is not medically necessary. The ACOEM states special studies are not needed until after a period of conservative care and observation. MRI indications pursuant to the guidelines include, but are not limited to, acute trauma to the knee, including significant trauma (MVA) or if suspect posterior knee dislocation or ligament or cartilage disruption. In this case, the injured worker was having symptoms at the left knee. However, there was a lack of documentation indicating the need for the MRI. The injured worker completed five sessions of physical therapy, however there was no documentation of progression, or objective functional improvement associated with the physical therapy. The injured workers present symptoms do not meet the guidelines pursuant to the Official Disability Guidelines as an indication for MRI. Consequently, MRI evaluation of left knee is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, MRI evaluation left knee is not medically necessary.