

Case Number:	CM14-0179743		
Date Assigned:	11/04/2014	Date of Injury:	11/14/2013
Decision Date:	12/15/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/29/2014

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 Texas. 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 55 year old female who was injured at work on 11/14/2013. She had been suffering from neck and back pain until she fell at work and hit her left knee, chest and back when her shoe lace got entangled with equipment at work. Her Initial evaluation and treatment included X-rays of the neck and low back, MRI of the left knee, and conservative treatment with medications. By June 2014, her treating provider reported the neck pain had resolved to the pre-injury state, but the knee pain was persistent. However, she continued to complain of pain in her left knee, and occasionally in her neck and back. There was no mention of lingering chest pain. Her primary treating doctor evaluated her for treating physician's permanent and stationary report on 10/9/2014, but about two weeks later, she was reported by a different doctor to be complaining of neck pain, chest pain, low back pain and left knee pain. Her physical examination with this doctor revealed decreased range of motion of the neck; tenderness and spasms of the trapezius muscles; normal lung examination; tenderness of the xiphoid; limited range of motion of the lumbar spine, positive left leg straight leg raise at 10 degrees, positive Kemp's test; tenderness of the latissimus dorsi. The left knee revealed normal range of motion, but popping and catching, positive Mcurray's, and positive patella apprehension test. MRI of the left knee revealed left knee medial and meniscal tear, degenerative posterior horn of the medial meniscus, and patellar tendinopathy. The worker was diagnosed of left knee medial meniscal tear, left knee lateral meniscal tear; lumbar spine disease with radicular loss at L4 nerve root distribution and radicular findings on examination; cervical discogenic disease with trapezius muscle spasm and radicular findings in the C5 nerve root distribution; evidence of previous Xiphoid injury or fracture, unknown if it is recurrent process or not. Based on these complaints and findings, this doctor requested for MRI of the neck and low back, as well as chest CT. Treatments have included aquatic therapy, cortisone injection of the knee, Voltaren, and

Advil. At dispute are the requests for Lumbar and cervical MRI; and the request for CAT scan of anterior chest wall.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar and cervical MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, Chronic Pain Treatment Guidelines MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 22.

Decision rationale: The injured worker sustained a work related injury on 11/14/2013. The medical records provided indicate the diagnosis left knee medial meniscal tear, left knee lateral meniscal tear; lumbar spine disease with radicular loss at L4 nerve root distribution and radicular findings on examination; cervical discogenic disease with trapezius muscle spasm and radicular findings in the C5 nerve root distribution; evidence of previous Xiphoid injury or fracture, unknown if it is recurrent process or not. Treatments have included aquatic therapy, cortisone injection of the knee, Voltaren, and Advil. The medical records provided for review do not indicate a medical necessity for Lumbar and cervical MRI. The report indicates the injured worker has a pre-existing degenerative disease of the neck and back, but there is no indication this has worsened following the injury. The MTUS recommends against the use of special studies in the absence of severe medical conditions. The requested test is not medically necessary and appropriate considering the injured worker does not have any indication her problems have worsened following the injury.

CAT scan of anterior chest wall: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 22.

Decision rationale: The injured worker sustained a work related injury on 11/14/2013. The medical records provided indicate the diagnosis left knee medial meniscal tear, left knee lateral meniscal tear; lumbar spine disease with radicular loss at L4 nerve root distribution and radicular findings on examination; cervical discogenic disease with trapezius muscle spasm and radicular findings in the C5 nerve root distribution; evidence of previous Xiphoid injury or fracture, unknown if it is recurrent process or not. Treatments have included aquatic therapy, cortisone injection of the knee, voltaren, and Advil. The medical records provided for review do not indicate a medical necessity for CAT scan of anterior chest wall. The MTUS recommends against the use of special studies in the absence of severe medical conditions. The requested test is not medically necessary and appropriate. The records indicate she suffers from degenerative

diseases. The records indicate she was treated of chest pain soon after the injury, but there was no mention of chest pain again until more than ten months after the injury when, after the treating physician's permanent and stationary report.