MAXIMUS Federal Services

Case Number:	CM14-0180414		
Date Assigned:	11/05/2014	Date of Injury:	03/03/2014
Decision Date:	12/11/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	10/30/2014

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 Orthopedic Surgeon and is licensed to practice in Louisiana. 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 50 years old male who reported injury on 03/03/2014. The mechanism of injury was a fall. His diagnoses included upper extremity subluxation, sprain/strain of the arm and shoulder, and cervical/CADS injury. His past treatments included physical therapy post shoulder surgery. Diagnostic studies included x-rays of the lumbar spine and right knee on 03/05/2014, and an MRI of the lumbar spine, the date and results of which was not provided. The injured worker's past surgeries included right shoulder arthroscopic rotator cuff repair on 07/30/2014. His complaints on 09/29/2014 included continued loss of function to the right knee with continued pain to the lower back and right knee. Upon physical examination he was found to have a positive Kemp's test on the right, positive McMurray's and Anterior Drawer test, with decreased range of motion to the right knee. On 10/06/2014 the injured worker continued to have complaints of pain to his lower back and right knee as well as impaired function. His physical examination indicated decreased range of motion to the lumbar spine with a positive straight leg raise and a positive Kemp's test. The injured worker had right medial meniscus pain. The provider indicated the injured worker had a positive McMurray's test. His medications were not provided within the documentation. The treatment plan included an MRI of the right knee and lumbar spine and 12 sessions of physical therapy. The physician's rationale for the request was not provided within the documentation. The Request for Authorization form was dated 10/06/2014.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging)

Decision rationale: The request for Outpatient MRI of The Right Knee and Lumbar Spine is not medically necessary. In regards to the MRI of the right knee, the California MTUS/ACOEM Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Most knee problems improve quickly once any red-flag issues are ruled out and reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began. In regards to a repeat MRI of the lumbar spine, the Official Disability Guidelines state repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The injured worker had pain and decreased range of motion to both the lumbar spine and right knee. He had a positive straight leg raise and a positive Kemp's test on the right. However, there was no indication that the injured worker had decreased sensation, decreased deep tendon reflexes, and weakness. There is a lack of documentation indicating the injured worker had a significant change in symptoms or findings suggestive of significant pathology. The injured worker had a positive McMurray's and Anterior Drawer test with pain to the right medial meniscus. There is a lack of documentation demonstrating the injured worker underwent physical therapy specifically for the lumbar spine and right knee. Therefore the request for Outpatient MRI of The Right Knee and Lumbar Spine is not medically necessary.