

<b>Case Number:</b>	CM14-0029744		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/22/2005
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 injured worker is a 58-year-old female with reported date of injury on 11/22/2005. The mechanism of injury was not submitted within the medical records. Her previous treatments include surgery and medications. Her diagnoses were noted to include internal derangement of the knee, closed fracture of the wrist, and osteoarthritis of the lower leg. The progress note dated 11/27/2013 reported the knee pain rated 5/10 and the right wrist pain rated 6/10. The physical examination reported no changes in the orthopedic exam. The provider reported the wrists were noted to have full range of motion without any significant problem or instability. There was also noted to be a negative straight leg raise with full range of motion to the bilateral lower extremities, reflexes within normal limits, muscle tone within normal limits, and sensation within normal limits. The request for authorization for was not submitted within the medical records. The request for magnetic resonance imaging of the right knee is to rule out a meniscus tear. The request for referral to pain management and a hand specialist does not have the provider's rationale submitted within the medical records.

### 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 the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 341-343.

**Decision rationale:** The injured worker has had a previous right knee surgery. The California Medical Treatment Utilization (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines recommend a magnetic resonance imaging (MRI) to identify and define a meniscus tear, ligament strain, ligament tear, patellofemoral syndrome, tendonitis, and prepatellar bursitis. The guidelines also state that symptoms of a meniscus tear include locking, popping, giving way and recurrent effusion and clear signs of a bucket handle tear on examination (tenderness over the suspected tear, but not over the entire joint line, and perhaps lack of full passive flexion) and consistent findings on the MRI. However, the injured worker is suspected of having meniscal tears, but without progressive or severe activity limitation, can be encouraged to live with symptoms and retain the protective effect of the meniscus. There is a lack of clinical findings regarding the suspicion of a meniscal tear to warrant the need for an MRI. The documentation provided indicated there had been a previous MRI; however, there is a lack of clinical findings in regards to a change in pathology to warrant a new MRI. As such, the request for a magnetic resonance imaging (MRI) of the right knee is not medically necessary and appropriate.

**Referral to Pain Management:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78.

**Decision rationale:** The injured worker has been complaining of persistent pain to her right knee and wrist. The California Chronic Pain Medical Treatment Guidelines recommend consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. There was lack of documentation regarding previous conservative treatment in regards to opioids and the length of time the injured worker has been on them or efficacy. There is also a lack of documentation of rationale for the referral to pain management. Therefore, the request for a referral to pain management is not medically necessary and appropriate.

**Referral to a Hand Specialist:** 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 Official Disability Guidelines (ODG), Forearm, Wrist, and Hand, Office Visits.

**Decision rationale:** The injured worker complained of wrist pain but has full range of motion. The Official Disability Guidelines (ODG) state the need for clinical office visit with a healthcare

provider is individualized based upon review of the patient concerns, signs, and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, or medicines such as certain antibiotics require close monitoring. The ODG determination of necessity for an office visit requires an official case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the healthcare system through self-care as soon as clinically feasible. There is a lack of documentation regarding medications that would warrant close monitoring. The documentation provided shows complaints of pain; however, the injured worker does have a full range of motion to her wrists, as such a need to see a hand specialist is not warranted at this time. Therefore, the request for referral to a hand is not medically necessary and appropriate.