

Case Number:	CM14-0033561		
Date Assigned:	06/20/2014	Date of Injury:	06/24/2010
Decision Date:	09/24/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/17/2014

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 Pain 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 is 48-year-old male who reported an injury on 06/24/2010. The mechanism of injury was not specified. His diagnoses included closed head trauma with post-concussion syndrome, major depressive disorder, cervical spine sprain/strain, multilevel disc bulges, right C7 radiculopathy, lumbar spine sprain/strain with multilevel symptomatic disc bulges, left L5 radiculopathy, and left ankle sprain/strain. His past treatments have included medications, spinal injections, and psychological treatment. His surgical history and current medications were not provided. On 06/25/2010, the injured worker had x-rays taken of his knees, which showed no fracture or dislocation of the right knee but the left knee showed chondrocalcinosis in the medial and lateral joint compartment. On 10/22/2013, the injured worker complained of constant pain to both knees, ankles, feet, and numbness to both legs. It was noted that he was in a wheelchair and unable to stand or ambulate. Physical examination was performed on the cervical spine, bilateral shoulders, left foot/ankle, and lumbar spine. However, no physical examination findings of the right or left knee were provided. The injured worker's extensive diagnostic history was reviewed and recommendations were made for multiple referrals and repeat MRI the neck, back, shoulders, hips, and knees prior to further evaluation and treatment recommendations. The authorization for treatment was submitted 11/15/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of Both Knees: 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) Treatment in Workers Comp, 18th edition, 2013: Knee and Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 341-343.

Decision rationale: Based on the clinical information submitted for review, the request for MRI of both knees is not medically necessary. As stated in the California MTUS/ACOEM Guideline, reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion and should only be based on significant clinical findings suggestive of internal derangement. The injured worker was noted to have complaints of constant pain to both knees. His previous x-ray results from 06/25/2010 showed chondrocalcinosis in the medial and lateral joint compartment in the left knee and normal findings in the right knee. No previous MRI results for the knees was provided for review. Furthermore, there was a lack of physical findings to suggest meniscal, ligamentous, or osteochondral injury. In the absence of evidence of internal derangement on physical examination or progressive worsening of his knee pain, imaging is not supported. As such the request for MRI of both knees is not medically necessary.