

Case Number:	CM14-0047463		
Date Assigned:	07/02/2014	Date of Injury:	06/04/2010
Decision Date:	09/11/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/15/2014

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 Family Medicine and is licensed to practice in Ohio. 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 has reported date of injury of 6-4-2010. Apparently the injury caused back pain radiating to the left lower extremity and the right lower extremity. She was treated with medication and ultimately an epidural steroid injection to lumbar region. There is one note from the treating physician from 3-17-2014 which again describes back pain and a physical exam is pertinent to the back but also mentions right knee and leg pain. The pertinent physical exam revealed swelling of the right knee in a positive McMurray sign. Therefore an MRI scan of the knee without contrast and referral to orthopedics was ordered. The request for MRI scan of the right knee was previously declined first because the knee was not a covered a body part and secondly because the physical exam findings did not support the need for an MRI scan of the right knee. Approximately 240 documents were reviewed. There is only one mention of the knee pain and exam pertinent to the knee. With regard to the injured worker's back complaints, she complains of lumbar pain ranging from an 8-10/10 radiating the left lower extremity. She's been treated with Terocin patches, anti-inflammatories, muscle relaxants, aqua therapy, and an epidural steroid injection. Her physical exam reveals lumbar tenderness and evidence of lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right knee w/o contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 335-336, 341.

Decision rationale: An MRI exam of the right knee is not medically necessary for a number of reasons. First, the right knee pain does not appear temporarily related to the date of injury 6-4-2010. This was suggested by previous utilization review denial. There is a suggestion that the knee pain may stem from a prior injury as the records also reflect a reference to an MRI scan done of the right knee from 4-28-2008 which predates the date of injury. Secondly, per the ACOEM guidelines, "An MRI scan may be appropriate for the knee only if surgery is considered. There's no evidence to suggest that surgery is considered." The guidelines go on to state that special studies are not needed to evaluate the knee until a period of conservative care and observation is undertaken. There seems to be no period of conservative care and/or observation in this situation. Therefore the request is considered not medically necessary.

L/S Brace: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM and Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back Section, Lumbar Supports Topic.

Decision rationale: Per the Official Disability Guidelines, "Lumbar supports are recommended as a treatment option for compression fractures, spondylolisthesis, documented instability, and for treatment of nonspecific low back pain." Lumbar supports are not recommended for prevention of back pain. The treatment of nonspecific low back pain, compared with no lumbar support and elastic lumbar belt may be more effective than no belt and improving pain and improving functional capacity. Therefore, a Lumbar support brace is considered medically necessary.