

Case Number:	CM14-0067439		
Date Assigned:	07/11/2014	Date of Injury:	11/10/2010
Decision Date:	09/19/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/12/2014

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 Anesthesiology, has a subspecialty in Pain 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 54-year-old female who sustained injuries to her right knee and left wrist on 11/10/10 due to cumulative trauma while performing her usual and customary duties. It was reported that the injured worker apparently underwent unauthorized MRI of the bilateral wrists/knees on 03/10/14 that reportedly revealed right/left knee advanced degenerative features with medial meniscus tear, medial compartment degeneration and spurring; right wrist imaging with flexion/extension noted Triangular fibrocartilage complex (TFCC) and lunotriquetral tear of the left wrist; scapholunate ligament tear; no CTS problems noted. A clinical note dated 03/25/14 reported bilateral hand pain with upper extremity numbness/tingling; bilateral knee pain that is well-controlled with medications. Physical examination noted bilateral Tinel's/Phalen's; decreased bilateral grip; knees bow-legged; undefined decreased range of motion in bilateral McMurray's tests. The injured worker was diagnosed with bilateral knee/sprain/strain and recommended for chiropractic, physical therapy, acupuncture therapy, psychological evaluation, MRIs, upper extremity EMG/NCV study, TENS unit, hot/cold home unit, deep vein thrombosis (DVT) system, computerized range of motion, and manual muscle testing. It was also noted that the injured worker has been diagnosed with 29 medical problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg chapter, Magnetic resonance imaging (MRI).

Decision rationale: The request for an MRI of the right knee is not medically necessary. The previous request was denied on the basis that it was unclear why, if the MRI was performed on 03/10/14, the MD was waiting for them to be done on 03/25/14. Concerning the knees, the injured worker's bow-leggedness is due to the advanced medial compartment degeneration with reactive bone marrow edema from osteoarthritis which is an ordinary disease of life and unlikely to be corrected with conservative care. Likewise, the diagnosis of a sprain/strain or carpal tunnel syndrome (excluded on MRI) does not seem the most applicable. Relative to the plan of care is stated to "continue" with acupuncture; however, there was no notation of how much therapeutic benefit the injured worker has had to date or any such benefit. Likewise, given the multiplicity of simultaneously applied pain attenuating procedures, it becomes almost impossible to discern what is efficacious or not. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There was no indication that plain radiographs had been obtained prior to the request for more advanced MRI. Given this, the request for an MRI of the right knee is not indicated as medically necessary.