

Case Number:	CM14-0069184		
Date Assigned:	07/14/2014	Date of Injury:	01/16/2011
Decision Date:	09/16/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/14/2014

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 Internal Medicine and is licensed to practice in Arizona. 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 claimant is a 51-year-old obese man who has two dates of injury, January 16, 2011 and September 11, 2011 when he fell while working, hurting his lower back and left knee. A handwritten note from his managing physician dated April 14, 2014 documented the following assessments: lumbar spine foraminal stenosis, L4-5, L5-S1 and left knee sprain/strain. It is unclear if these are presumptive diagnoses or whether the patient has had any prior lumbar or knee evaluations. No lumbar x-ray or MRI and no left knee X-ray is present within the records. There is no physical exam documented. This physician ordered a lower extremity electromyography/nerve conduction velocity (EMG/NCV), transcutaneous electric nerve stimulation (TENS) unit, chiropractic or physical therapy and a left knee MRI. He stated that a full dictated report will follow; however, this is not in the record. The purpose of this case is to assess whether this left knee MRI is justified. It was originally denied, with a statement from the reviewer that the dictated notes were needed. In response to the denial, the managing physician made reference to chapter 8 (neck and upper back) and chapter 9 (shoulder) of the ACOEM within the MTUS, stating "unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist." He also references prior comments about weakness and limited range of motion of the knee, but did not provide documentation of a physical exam. Prior to this, the patient was seen in the Urgent Care December 2013 for sciatica and January 2014 for complaints of low back pain that radiated into the left leg. The patient's body mass index (BMI) was documented at 32.44 kg/meter square, and his lumbar spine was tender. A neurological exam or knee exam was not done. The patient's medication includes Soma and hydrocodone. It is unclear if he takes non-steroidal anti-inflammatory drugs (NSAIDs).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines National Guideline Clearing House <http://www.guidelines.gov> <http://health.nih.gov>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-360.

Decision rationale: Sometimes an MRI of the knee is indicated. For instance, as stated within the ACOEM, in the assessments of a possible meniscus tear, collateral ligament tear, an anterior or posterior cruciate tear and patellar tendinitis, an MRI can confirm these, but should be ordered only if surgery is contemplated. Continuing on page 343, it is further stated that reliance only on imaging studies to evaluate the source of knee problems 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, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an anterior cruciate ligament (ACL) tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases. Also note that MRIs are superior to arthrography for both diagnosis and safety reasons. There is insufficient documentation to justify a knee MRI at this stage of the game. Also, the MTUS clearly indicates that unless there are sufficient problems within the knee to consider a knee surgery, an MRI of the knee should not be obtained. This information is not available within the record. Thus, at this point in time a left knee MRI is deemed not medically necessary.