

Case Number:	CM14-0076680		
Date Assigned:	07/18/2014	Date of Injury:	02/18/2009
Decision Date:	09/25/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/27/2014

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 Nevada. 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 records presented for review indicate that this 58 year-old individual was reportedly injured on 2/18/2009. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated 5/28/2014 indicates that there are ongoing complaints of left knee pain. The physical examination demonstrated: antalgic gait on the left side. Crepitus over the patellofemoral joint left knee. Evidence of varus deformity. Weakness to knee extension and flexion secondary to pain. Decreased range of motion of lumbosacral spine. Straight leg raise test causes back pain. Diagnostic imaging studies include an MRI of the lumbar spine dated 5/27/2014 which reveals scoliotic curvature, great 1 anteriorolisthesis up L4 on L5 and L5 on S-1. Multilevel facet arthropathy. Mild central canal narrowing at L4-5, disc bulge at L4-5. MRI of the cervical spine reveals great 1 anterolisthesis at C4-C5. C3-4 left foraminal disc protrusion with abutment of the exiting left circle nerve root and narrowing of the left neural foraminal. Multilevel endplate degenerative changes. Disc protrusion at C6-7 with a mild degree of central canal narrowing. Previous treatment includes medications, and conservative treatment. A request had been made for MRI of the left knee, orthopedic consult for back and bilateral knees, and was not certified in the pre-authorization process on 4/29/2014.

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 Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Knee & Leg (updated 03/31/14), MRI's.

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

Decision rationale: ACOEM guidelines state an MRI is recommended for select patients with subacute or chronic knee symptoms in which mechanically disruptive internal derangement or similar soft tissue pathology is a concern. It is generally not indicated for patients with acute knee pain. After review the medical records provided the injured worker is noted to have left knee pain, however there is no physical exam findings suggestive of instability or internal derangement. Therefore this request is deemed not medically necessary.

Orthopedic consultation for back and bilateral knees qty:1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004),Chapter 7 - Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004),Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: MTUS ACOEM guidelines state "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. After review of medical records provided is noted the injured worker does have complaints of left knee pain. There was no documentation stating failure of conservative treatment, or previous radiographs. Therefore, the request for referral to an orthopedic specialist is deemed not medically necessary at this time. Treat physician needs to attend conservative treatment, and obtain all initial diagnostic studies. This request is deemed not medically necessary.