

Case Number:	CM14-0076963		
Date Assigned:	07/18/2014	Date of Injury:	07/07/2008
Decision Date:	09/12/2014	UR Denial Date:	05/05/2014
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 Emergency 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 a 60 year-old male, who sustained an injury on July 7, 2008. The mechanism of injury occurred when he fell while trying to sit on a high roller chair. Pertinent diagnostics were not noted. Treatments have included: medications, physical therapy, home exercises. The current diagnoses are: right lower extremity reflex sympathetic dystrophy complex regional pain syndrome, shoulder joint pain, and knee joint pain. The stated purpose of the request for MRI of the bilateral knees, was not noted. The request for MRI of the bilateral knees, was denied on May 5, 2014, citing a lack of documentation of recent treatment trials to the left knee, nor radiographs, nor exam evidence of internal derangement or joint instability. Per the report dated June 5, 2014 report, the patient complained of bilateral knee pain. Exam findings are noted as the same as the April 10, 2014 report. Per the report dated April 10, 2014, the treating physician noted that the patient had a remote history of 1985 left knee arthroscopy and noted current complaints of bilateral knee pain and weakness with reduced range of motion. Exam findings included right quadriceps atrophy, equal 5/5 lower extremity motor strength, right lower extremity decreased sensation with a positive straight leg raising test. Per a December 14, 2011 AME exam, future medical treatment included intrathecal and intravenous pain medication trials.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

Decision rationale: The requested MRI of the bilateral knees, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), Chapter 13, Knee Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 343, note that imaging studies of the knee are recommended with documented exam evidence of ligament instability or internal derangement after failed therapy trials. The injured worker has bilateral knee pain and weakness with reduced range of motion. The treating physician has documented right quadriceps atrophy, equal 5/5 lower extremity motor strength, right lower extremity decreased sensation with a positive straight leg raising test. The treating physician has not documented physical exam evidence indicative of ligament instability or internal derangement, no recent physical therapy trials for the affected joints. The criteria noted above not having been met, the MRI of the bilateral knees is not medically necessary.