

Case Number:	CM14-0084502		
Date Assigned:	07/21/2014	Date of Injury:	01/27/2004
Decision Date:	08/26/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/06/2014

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 Illinois. 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 with a reported date of injury on 01/27/2004. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include lumbar spine myofascial strain, lumbar spine multilevel disc protrusions, status post laminectomy and disc decompression surgery with residuals, status post left knee arthroscopic surgery with residuals, status post right knee arthroscopic surgery with residuals, bilateral knee osteoarthritis, and left knee medial meniscal tear. His previous treatments were noted to include surgery, Synvisc injections, pool therapy, and medications. A progress note dated 07/01/2014, revealed the injured worker complained of moderate low back pain that affected his activities of daily living, and also reported moderate left knee pain. The injured worker described his low back pain as radiating. The physical examination revealed decreased range of motion to the left knee and lumbar spine. The physician requested an MRI without contrast for the left knee as well as an MRI of the lumbar spine. The request for authorization form was not submitted within the medical records. The request is for an MRI and MR arthrogram of the left knee; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back -Lumbar.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page 303-305. The Expert Reviewer's decision rationale: The request for an MRI is not medically necessary. The injured worker complained of low back and left knee pain. The California MTUS/ACOM Guidelines indicate unequivocal objective findings that identify specific nerve compromise on the neurologic examination, sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less obvious, further physiological evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings such as disc bulges, that are not the source of the symptoms and do not warrant surgery. If the physiologic evidence indicates nerve impairment, the practitioner can discuss the selection of image testing with a consultant to define a potential cause such as an MRI for neurological deficits. The guidelines recommend an MRI to identify and define low back pathology in regards to disc protrusion, cauda equina syndrome, spinal stenosis, and post laminectomy syndrome. There is a lack of documentation showing significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution to warrant an MRI. Additionally, the request failed to provide the body region for the MRI. Therefore, the request is not medically necessary.

MR Arthrogram Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 13 Knee Complaints, page 341-343. The Expert Reviewer's decision rationale: The injured worker complained of moderate left knee pain with palpable tenderness, spasming, and decreased range of motion. The California MTUS/ACOM Guidelines state, "MRIs are superior to arthrography for both diagnosis and safety reasons." The Official Disability Guidelines recommend MR arthrography as a postoperative option for suspected residual or recurrent tear, for meniscal repair, or for meniscal resection for more than 25%. MR arthrography was required for this study to diagnose a residual or recurrent tear for all the patients who underwent a meniscal repair. MR arthrography was useful in the diagnosis of residual or recurrent tear for patients with meniscal resection of more than 25% without severe degenerative arthrosis, avascular necrosis, chondral injuries, native joint fluid that extends into the meniscus, or a tear in the new area. Official Disability Guidelines recommend MR

arthrography to diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection. There is a lack of documentation regarding a previous meniscal repair surgery to warrant an MR arthrography. Therefore, the request is not medically necessary.