

Case Number:	CM14-0084566		
Date Assigned:	07/21/2014	Date of Injury:	04/18/2002
Decision Date:	08/29/2014	UR Denial Date:	05/21/2014
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 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 55-year-old female who reported an injury on 04/18/2002. The mechanism of injury was not provided. On 04/23/2014 the injured worker presented with carpal tunnel, asthma, right knee pain, neck pain, and back pain. Upon examination there was tenderness to the L5-S1 spinous process with pain and reduced range of motion to the knees. The diagnosis is for chronic lower back pain and knee pain. Prior therapy has included surgery, medications, and injections. The provider recommended an MRI of the bilateral knees, the provider's rationale was not included. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the Bilateral Knees: Upheld

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

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

Decision rationale: The request for 1 MRI of the bilateral knees is not medically necessary. California MTUS/ACOEM guidelines state special studies are not needed to evaluate most knee

complaints until after a period of conservative care and observation. If the injured worker is able to walk without a limp and has had a twisting injury with no fusion, special studies would not be needed. Reliance on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion because of the possibility of identifying a problem that was present before symptoms began and therefore have no temporal association with the current symptoms. A complete and adequate examination of the injured worker's bilateral knees was not provided to examine current deficits to warrant an MRI. Additionally, the provider's rationale was not provided. As such, the request is not medically necessary.