

Case Number:	CM14-0084688		
Date Assigned:	07/21/2014	Date of Injury:	09/28/2001
Decision Date:	09/26/2014	UR Denial Date:	05/23/2014
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 Orthopedic Surgery, has a subspecialty in Orthopedic Sports Medicine, and is licensed to practice in Texas. 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 62 year old female who sustained an injury to her bilateral knees on 09/28/01 while lifting a recipient. The injured worker was post-laminectomy and lumbar fusion in 2000. Clinical note dated 08/01/14 reported that the injured worker continued to complain of low back and bilateral knee pain. She ambulated with straight cane for assistance. The injured worker stated that her pain level had plateaued. Low back pain radiated into the bilateral lower extremities with numbness distally. The injured worker was offered surgery but declined. With regard to bilateral knee pain, it was worse on the right than left. She was to follow up with a different doctor who requested MRI and standing x-rays to determine if total knee arthroplasty is indicated. Again, the injured worker stated that she is not quite ready for surgery. The injured worker stated she felt Methadone was beneficial, but she occasionally took two at bedtime. She generally used 5mg tablets twice daily. She used one soma at night as needed for muscle spasms in the low back and denied any current side effects. Physical examination noted antalgic gait; spasm and guarding in the lumbar spine; cranial nerve examination grossly normal; motor examination noted 4+/5 in the knee extensors/flexors, ankle dorsiflexors, and plantarflexors. Gait was limping on both sides. The injured worker was diagnosed with lumbar post laminectomy syndrome and lumbar disc displacement without myelopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI bilateral knees: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg chapter, MRI's (magnetic resonance imaging).

Decision rationale: The previous request was denied on the basis that there is no current objective clinical documentation consistent with significant knee pathology, such as positive provocative maneuvers or significantly diminished range of motion. Based on the currently available information, medical necessity for MRI of the knee has not been established; therefore, not deemed as medically appropriate. There was no record of a new acute injury or exacerbation of previous symptoms. There were no previous imaging studies of the bilateral knees provided for review given that this is a 2001 injury. It was mentioned that surgical intervention was recommended, but the patient declined. There were no additional significant 'red flags' identified. Given this, the request for MRI of the bilateral knees is not indicated as medically necessary.

X rays bilateral knees: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg chapter, Radiography (x-rays).

Decision rationale: The previous request was denied on the basis that there was no current objective documentation consistent with significant knee pathology, such as provocative maneuvers or significantly diminished range of motion. There was no record of a new acute injury or exacerbation of previous symptoms. There was no previous imaging study provided for review, given the injured worker is status post 12 plus years date of injury. There were no additional 'red flags' identified. Given this, the request for x-rays of the bilateral knees is not indicated as medically necessary.