

Case Number:	CM14-0092879		
Date Assigned:	07/28/2014	Date of Injury:	09/02/2013
Decision Date:	11/20/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/19/2014

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 Internal Medicine and is licensed to practice in New York. 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 patient is a year old female with a date of injury of 09/02/2013. She was carrying a bench with baskets and cardboard baskets on top of it when she slipped in the mud and fell. She put her right hand out and landed towards the right side of her body. She reported injuries to her hips, lower back, hands, elbows, neck, knees, shoulders and ankles. She had x-rays that were negative. She was treated with physical therapy and medication and returned to modified work and then full duty. She was then taken off work by another provider. On 10/21/2013 she had a MRI of the lumbar spine. On 02/06/2014 she reported left knee pain, neck pain and back pain. On 03/06/2014 the left knee range of motion was normal. X-ray of the left knee on 03/26/2014 was negative. On 03/26/2014 she noted popping of both knees. She complained of pain of both shoulders, ankles, knees, wrists, elbows, neck and thoracic and lumbar areas. There was no knee swelling. Range of motion was normal. There was no lateral or medial instability. Anterior/posterior drawer sign was negative. On 03/31/2014 x-rays of both knees were normal. During office visits on 01/16/2014, 02/06/2014, 03/06/2014 and 04/03/2014 the left knee was not examined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of left lower extremity without dye: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 329 - 353.

Decision rationale: MTUS, ACOEM Chapter 13, Knee Complaints, notes that imaging studies are frequently necessary when there are red flag signs of an acute injury. The date of injury was on 09/02/2013 and the slip and fall injury was to bilateral knees, hips, shoulders, wrists, elbows and wrists. There was an injury to neck and back. X-rays in 2013 and 2014 were negative. There were no red flag signs. The examination of the both knees on 03/26/2014 was completely normal. X-rays in 03/2014 were normal. There is no documentation of an acute knee injury. There is no documentaiton of failure of recent conservative treatment for the knee. There is no documentaiton that the patient is a candidate for imminent left knee surgery in view of the physical findings. During many examinations, her knee was not even examined. There is insufficient documentation to substantiate the medical necessity of a left knee MRI and a MRI of the left knee at this time is not consistent with MTUS ACOEM criteria.