

Case Number:	CM14-0096296		
Date Assigned:	07/25/2014	Date of Injury:	07/01/2001
Decision Date:	08/28/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/24/2014

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 Pain Management, has a subspecialty in Interventional Spine 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 case involves a 57 year-old female with a 7/1/2001 date of injury. According to the 6/2/14 report from [REDACTED], the patient presents for recheck of leg cramping. It began gradually over time, but has been occurring in an increasing pattern. She is reported to have edema both legs and swelling at the ankles. The assessment is Restless legs syndrome; muscle spasm; pain in joint; RSD lower limb; edema extremities; inflammation of joint, knee. [REDACTED] recommends MRI of both knees. On 6/17/14 Utilization Review (UR) recommended denial of the MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee And Leg (updated 03/31/14).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation ODG, Knee chapter online for MRI.

Decision rationale: The patient presents with intermittent leg cramping with increasing frequency, and bilateral ankle edema. The diagnoses included restless leg syndrome and RSD.

On 6/2/14 the physician requested MRIs of the knees. This Independent Medical Review (IMR) request is for the right knee. There are 3 medical reports from ██████ provided for this IMR, 4/7/14, 5/5/14 and 6/2/14. The request for the MRI was on the 6/2/14 report. The 6/17/14 UR letter notes a peer-to-peer call on 6/16/14, and the patient did not have plan films of the knees, and the patient is 57 years old, 5'7", 197 lbs and worked as a waitress since age 18. There is prolonged standing, and bilateral knee pain that ██████ believes is unlikely due to OA alone. MTUS/ACOEM guidelines warn about reliance only on imaging studies to evaluate the source of knee symptoms due to the false-positive results. The available medical reports do not describe subjective knee complaints, or provide a physical exam of the knees. The patient is 5'7", 197 lbs and has worked as a waitress for close to 40 years the physician believes the knee symptoms (undescribed for this IMR) are not likely to be from OA alone. But there is no mention of what other conditions the physician has as his differential diagnosis. The request for the knee MRI without physical examination or documentation of subjective knee complaints or history and without plain films is not in accordance with MTUS/ACOEM guidelines or ODG guidelines. The request is not medically necessary and appropriate.

MRI of the Left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee And Leg (updated 03/31/14).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation ODG, Knee chapter online for MRI.

Decision rationale: The patient presents with intermittent leg cramping with increasing frequency, and bilateral ankle edema. The diagnoses included restless leg syndrome and RSD. On 6/2/14 the physician requested MRIs of the knees. This Independent Medical Review (IMR) request is for the left knee. There are 3 medical reports from ██████ provided for this IMR, 4/7/14, 5/5/14 and 6/2/14. The request for the MRI was on the 6/2/14 report. The 6/17/14 UR letter notes a peer-to-peer call on 6/16/14, and the patient did not have plan films of the knees, and the patient is 57 years old, 5'7", 197 lbs and worked as a waitress since age 18. There is prolonged standing, and bilateral knee pain that ██████ believes is unlikely due to OA alone. MTUS/ACOEM guidelines warn about reliance only on imaging studies to evaluate the source of knee symptoms due to the false-positive results. The available medical reports do not describe subjective knee complaints, or provide a physical exam of the knees. The patient is 5'7", 197 lbs and has worked as a waitress for close to 40 years the physician believes the knee symptoms (undescribed for this IMR) are not likely to be from OA alone. But there is no mention of what other conditions the physician has as his differential diagnosis. The request for the knee MRI without physical examination or documentation of subjective knee complaints or history and without plain films is not in accordance with MTUS/ACOEM guidelines or ODG guidelines. The request is not medically necessary and appropriate.