

Case Number:	CM14-0098050		
Date Assigned:	07/28/2014	Date of Injury:	03/17/2014
Decision Date:	09/24/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/26/2014

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 & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 44 year old gentleman was reportedly injured on March 17, 2014. The mechanism of injury is undisclosed. The most recent progress note, dated June 23, 2014, indicates that there are ongoing complaints of neck pain, back pain, wrist pain, and knee pain. The physical examination of the lumbar spine indicated tenderness over the lumbar spine paraspinal muscles with spasms, decreased lumbar spine range of motion, positive left sided straight leg raise test at 40 degrees, left knee noted tenderness at the medial and lateral joint lines, range of motion was limited from 0 degrees to 105 degrees, positive McMurray's test, positive Apley's test, right knee tenderness over the medial and lateral joint lines with similar range of motion, positive McMurray's, positive Apley's test, neurological examination indicated decreased sensation at the left L4, L5, and S1 dermatomes. Diagnostic imaging studies are unknown. Previous treatment includes physical therapy and the use of a transcutaneous electrical nerve stimulation (TENS) unit. A request was made for an MRI the lumbar spine, MRI the right knee, and an MRI of the left knee and was not certified in the preauthorization process on June 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: A previous utilization management review did not certify request for an MRI of lumbar spine stating that there was limited treatment performed. A review of the medical records indicates that the injured employee has participated in both physical therapy and used a transcutaneous electrical nerve stimulation (TENS) unit without improvement. There also abnormal neurological findings on physical examination. For this reason this request for an MRI the lumbar spine is medically necessary.

MRI of the right knee: Overturned

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.

Decision rationale: The recent utilization management review did not certify the request for an MRI of the left and right knee by stating that there were no mechanical findings on recent examinations. A review of the medical records indicates that there is tenderness on the medial and lateral joint lines of both knees, as well as a positive McMurray's and Apley's test both indicative of a meniscus tear. Considering this, this request for an MRI of the left and right knee is medically necessary.

MRI of the left knee: Overturned

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.

Decision rationale: The recent utilization management review did not certify the request for an MRI of the left and right knee by stating that there were no mechanical findings on recent examinations. A review of the medical records indicates that there is tenderness on the medial and lateral joint lines of both knees, as well as a positive McMurray's and Apley's test both indicative of a meniscus tear. Considering this, this request for an MRI of the left and right knee is medically necessary.