

Case Number:	CM14-0106750		
Date Assigned:	07/30/2014	Date of Injury:	08/31/2012
Decision Date:	09/24/2015	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 56 year old female sustained an industrial injury on 8-31-12. She subsequently reported multiple areas of pain including low back, bilateral shoulders and knees. Diagnoses include status post right shoulder surgery, bilateral knee complaints, lumbar strain and compensatory left shoulder symptoms. The injured worker continues to experience bilateral shoulder pain, bilateral knee pain and depression. Upon examination, limited range of motion is noted in the right shoulder, Tenderness is noted at the left shoulder AC joint. There is bilateral knee pain with cracking and crepitation noted. Positive crepitation, positive impingement and positive Hawkin's was noted. A request for MRI left knee and MRI right knee was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, tables 13-1 and 13-3. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, and MRI.

Decision rationale: Regarding the request for MRI knee, CA MTUS and ACOEM note that, in absence of red flags (such as fracture/dislocation, infection, or neurologic/vascular compromise), diagnostic testing is not generally helpful in the first 4-6 weeks. After 4-6 weeks, if there is the presence of locking, catching, or objective evidence of ligament injury on physical exam, MRI is recommended. ODG recommends plain radiographs in the absence of signs/symptoms of internal derangement or red flags. Within the medical information made available for review, there is no documentation that radiographs are non-diagnostic, identification of any red flags or documentation that conservative treatment aimed towards the knee has failed. Additionally, it does not appear that there has been any thorough examination of the patient's knee to try to identify what the underlying pathology might be, or to identify any findings suspicious for internal derangement. In the absence of such documentation, the currently requested MRI is not medically necessary.

MRI of the Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, table 13-1 and 13-3. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, MRI.

Decision rationale: Regarding the request for MRI knee, CA MTUS and ACOEM note that, in absence of red flags (such as fracture/dislocation, infection, or neurologic/vascular compromise), diagnostic testing is not generally helpful in the first 4-6 weeks. After 4-6 weeks, if there is the presence of locking, catching, or objective evidence of ligament injury on physical exam, MRI is recommended. ODG recommends plain radiographs in the absence of signs/symptoms of internal derangement or red flags. Within the medical information made available for review, there is no documentation that radiographs are nondiagnostic, identification of any red flags or documentation that conservative treatment aimed towards the knee has failed. Additionally, it does not appear that there has been any thorough examination of the patient's knee to try to identify what the underlying pathology might be, or to identify any findings suspicious for internal derangement. In the absence of such documentation, the currently requested MRI is not medically necessary.