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| Case Number: | CM14-0195073 | | |
| Date Assigned: | 12/02/2014 | Date of Injury: | 03/30/2012 |
| Decision Date: | 03/13/2015 | UR Denial Date: | 11/04/2014 |
| Priority: | Standard | Application Received: | 11/21/2014 |

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, Illinois
 Certification(s)/Specialty: Internal Medicine

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 48-year-old male who reported an injury on 03/30/2012 due to an unspecified mechanism of injury. On 10/22/2014, he presented for a followup evaluation. He complained of severe tinnitus in the ears since his accident as well as pain in the head, neck, and upper back, bilateral shoulders, mid back, low back, and right knee with radiation into both legs. He stated that the pain was associated with numbness, tingling, and weakness in the arms and hands. He rated his pain at a 9/10 with 6/10 being its best with medications and 10/10 at its worst. A physical examination showed that he ambulating without any assistive devices with a normal gait pattern. Examination of the right knee revealed full range of motion. Motor strength was a 5/5 throughout with the exception of 4/5 on the right knee extension and there was diminished sensation in the right C7 and C8 dermatomes of the upper extremities. Deep tendon reflexes were a 1/4 in the bilateral upper and lower extremities. He was diagnosed with lumbago, displacement of the cervical intervertebral disc without myelopathy, unspecified internal derangement of the knee, opioid type dependence (continuous), and disorders of the bursae and tendons in the shoulder region. The treatment plan was for an MRI of the right knee. The rationale for treatment and Request for Authorization form were not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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 & Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343.

Decision rationale: According to the California ACOEM Guidelines, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the right knee. However, there was a lack of documentation showing that he has tried and failed all recommended conservative treatment options to support the request for an MRI of the right knee. In addition, it was stated that he had full range of motion and there was a lack of documentation indicating he has any significant functional deficits or limited activities of daily living to support the request. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.