

Case Number:	CM14-0195082		
Date Assigned:	12/02/2014	Date of Injury:	09/05/2013
Decision Date:	01/21/2015	UR Denial Date:	11/06/2014
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. The expert reviewer is Board Certified in Neurology 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:

According to the medical records the patient is a 66-year-old male automotive mechanic who sustained an industrial injury on September 5, 2013. The medical records indicate that the patient's care has been concentrated to his cervical spine. He was seen on October 8, 2014 at which time it is noted he is stable with his neck complaints. At this time, he complained of moderate low back pain radiating into the buttocks and thighs. He also complained of some pain in both knees with standing and walking. Lumbar spine examination revealed tenderness, increased muscle tone, 45 flexion, 10 extension, and 15 lateral bending. Straight leg raise was slightly positive bilaterally at 50. Motor and sensory exam were normal. Reflexes were symmetrical. With regards to the knee, inspection revealed bilateral mild knee diffusion. McMurray was equivocal with pain referred to the medial joint line of both knees. Aply tests were slightly positive on the right and negative on the left. Request was made for lumbar spine and bilateral knee MRI. X-rays of the knees revealed 3 mm remaining cartilage interval between the femur and the tibia in the medial compartments. Utilization review was performed on November 6, 2014 and the request for bilateral knee MRI was noncertified as medical necessity had not been met.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lower extremity joint without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: According to the ACEOM guidelines, special studies are not needed to evaluate most knee complaints in patients who are able to walk without a limp, or who sustained a twisting injury without effusion, until after a period of conservative care and observation. The guidelines further state that reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test result) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. In this case, the medical records do not establish red flags, significant objective examination findings or failure of conservative care to support the request for advanced studies.