

Case Number:	CM14-0198469		
Date Assigned:	12/08/2014	Date of Injury:	07/27/2014
Decision Date:	01/21/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/25/2014

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 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:

This 40 year-old patient sustained accumulative trauma injury on 7/27/14 from performing regular work duties while employed by [REDACTED]. The patient noted severe pain in his lower back and left foot from pulling meat. He was evaluated by X-rays which were unremarkable and placed on Ibuprofen that caused some stomach upset. The patient then reported neck and elbow pain along with continued lower back and left foot pain. Conservative care has included medications and modified activities/rest. The patient has not worked since date of injury on 7/27/14. Report of 10/6/14 from the provider noted chronic ongoing pain in the cervical and lumbar spine, bilateral elbows, left heel, and now with bilateral knee pain rated at 8-10/10 aggravated by weight bearing. Exam showed diffuse decreased cervical and lumbar range with intact sensation, DTRs, and motor strength of upper and lower extremities; right knee showed mild effusion; medial and lateral joint line pain; patellar facet pain; normal grind/epicondyle and IT band testing; no crepitus noted; with full extension and flexion of 140 degrees; normal mobility; positive McMurray with 4/5 quad/hamstring strength; stable drawer test; stable Lachman and varus/valgus testing. The provider noted X-rays of the right knee were reviewed and were within normal limits without significant arthritic changes. Diagnoses included cervical spine sprain/strain; no evidence of shoulder pathology; bilateral medial epicondylitis; lumbar spine left-sided radiculopathy r/o HNP; left heel pain; and right knee popping, swelling and catching due to altered gait. Treatment include MRIs of the lumbar spine, right knee, left ankle with EMG/NCV of bilateral upper and lower extremities; UDS, and medications. The patient remained TTD status. Once the studies are done, the provider can make further treatment recommendations. Request(s) under consideration include MRI without Contrast, Right Knee. The request(s) for MRI without Contrast, Right Knee was non-certified on 10/28/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Without Contrast, 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: MRI's (magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 13 Knee, Diagnostic Imaging Page(s): 341-343.

Decision rationale: This 40 year-old patient sustained accumulative trauma injury on 7/27/14 from performing regular work duties while employed by [REDACTED]. The patient noted severe pain in his lower back and left foot from pulling meat. He was evaluated by X-rays which were unremarkable and placed on Ibuprofen that caused some stomach upset. The patient then reported neck and elbow pain along with continued lower back and left foot pain. Conservative care has included medications and modified activities/rest. The patient has not worked since date of injury on 7/27/14. Report of 10/6/14 from the provider noted chronic ongoing pain in the cervical and lumbar spine, bilateral elbows, left heel, and now with bilateral knee pain rated at 8-10/10 aggravated by weight bearing. Exam showed diffuse decreased cervical and lumbar range with intact sensation, DTRs, and motor strength of upper and lower extremities; right knee showed mild effusion; medial and lateral joint line pain; patellar facet pain; normal grind/epicondyle and IT band testing; no crepitus noted; with full extension and flexion of 140 degrees; normal mobility; positive McMurray with 4/5 quad/hamstring strength; stable drawer test; stable Lachman and varus/valgus testing. The provider noted X-rays of the right knee were reviewed and were within normal limits without significant arthritic changes. Diagnoses included cervical spine sprain/strain; no evidence of shoulder pathology; bilateral medial epicondylitis; lumbar spine left-sided radiculopathy r/o HNP; left heel pain; and right knee popping, swelling and catching due to altered gait. Treatment include MRIs of the lumbar spine, right knee, left ankle with EMG/NCV of bilateral upper and lower extremities; UDS, and medications. The patient remained TTD status. Once the studies are done, the provider can make further treatment recommendations. Request(s) under consideration include MRI Without Contrast, Right Knee. The request(s) for MRI Without Contrast, Right Knee was non-certified on 10/28/14. Recent x-rays of the knee were unremarkable. Guidelines states that most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results). Submitted reports have not adequately demonstrated remarkable acute trauma, clinical deficits, acute flare-up, new injuries, failed conservative treatment trial or progressive change to support for the imaging study. The MRI without Contrast Right Knee is not medically necessary and appropriate.