MAXIMUS Federal Services

Case Number:	CM14-0205744		
Date Assigned:	12/17/2014	Date of Injury:	08/15/2012
Decision Date:	02/25/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/09/2014

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: Pennsylvania, Ohio, California
Certification(s)/Specialty: Physical Medicine & Rehabn

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 underlying date of injury in this case is 08/15/2012. The date of the utilization review under appeal is 11/19/2014. The treating diagnosis include right greater than left shoulder pain, right acromioclavicular joint arthrosis, bilateral shoulder impingement, bilateral knee pain and dysfunction, and bilateral chondromalacia patellae with possible meniscal tears. There is very limited current physician information to support or explain the current request for bilateral knee MRI imaging. On 06/18/2014 the patient was seen in orthopedic surgery followup with complaints of pain in the shoulder and bilateral hips. The patient also reported clicking and popping in the knees. On examination the patient had tender patella facets with tender joint lines in both knees and pain on the McMurray Maneuver in both knees. Range of motion was 0-140 degrees at the knees. MRI imaging of the knees had shown grade 2 signal in the menisci. The treatment plan at that time included imaging of the hips, although there was no specific mention of imaging of the knees. Previously a doctor's first report of 09/11/2013 is handwritten and appears to outline assessment of bilateral knee pain with findings of tender patella facets and range of motion of 0-140 degrees. The treatment plan at that time included MRI imaging of both shoulders and both knees; this appears to be the request currently under review. Initial physician review indicated that the records did not provide any apparent rationale for the request for the MRI imaging of the knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, MRIs

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

Decision rationale: ACOEM Guidelines, Chapter 13, knee page 343 discourages reliance on imaging studies to evaluate the source of knee symptoms given the risk of false positive findings. At this time the medical records contain very limited information to support a rationale or indication for MRI imaging of the knees. Neither the medical records nor the treatment guidelines provide a basis for this request. This request is not medically necessary.

MRI of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, MRIs

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

Decision rationale: ACOEM Guidelines, Chapter 13, knee page 343 discourages reliance on imaging studies to evaluate the source of knee symptoms given the risk of false positive findings. At this time the medical records contain very limited information to support a rationale or indication for MRI imaging of the knees. Neither the medical records nor the treatment guidelines provide a basis for this request. This request is not medically necessary.