

Case Number:	CM14-0218005		
Date Assigned:	01/07/2015	Date of Injury:	11/04/2011
Decision Date:	04/01/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/30/2014

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 58-year-old female, who sustained an industrial injury on 11/4/2011. The diagnoses have included rotator cuff syndrome, unspecified derangement of joint, shoulder region and other tenosynovitis of hand and wrist. Treatment to date has included pain medications and non-steroidal anti-inflammatory drugs. According to the Primary Treating Physician's Progress Report from 11/13/2014, the injured worker complained of pain in bilateral knees, bilateral shoulders, neck, back and bilateral upper extremities. The injured worker complained of right knee giving away and wanted to consider surgery. Physical exam revealed tenderness in both knees with slight swelling on right. Work status was temporarily totally disabled. Current medications included Norco, Prilosec, Tramadol, Cyclobenzaprine, Naproxen and Anaprox DS. Per the doctor's note dated 11/17/14 patient had complaints of pain in bilateral knee at 7/10. Physical examination of the bilateral knee revealed decreased strength, knee swelling, tenderness on palpation, negative Tinel sign, 0-110 ROM. The patient has had MRI of the right shoulder that revealed rotator cuff tear. The patient's surgical history includes right shoulder arthroscopic surgery. Patient has received an unspecified number of PT visits for this injury.

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: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, MRI's.

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

Decision rationale: Request: MRI of the left knee Page 343: Table 13-5. Ability of Various Techniques to Identify and Define Knee Pathology Page 341: Special Studies and Diagnostic and Treatment Considerations. Per the ACOEM guidelines cited above, "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. 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." Any of these indications for knee MRI were not specified in the records provided. A detailed physical examination of the left knee was not specified in the records provided. A detailed knee exam including tests for internal derangement like the Mc Murrays test, Anterior drawer test and tests for instability were not specified in the records provided. A trial and response to complete course of conservative therapy including PT visits was not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Previous conservative therapy notes were not specified in the records provided. Patient did not have abnormal findings in the physical examination suggestive of significant internal derangement. The history or physical examination findings do not indicate pathology including cancer, infection, or other red flags. A recent left knee X-ray report is not specified in the records provided. A plan for an invasive procedure of the left knee was not specified in the records provided. Rationale for the left knee MRI was not specified in the records provided. The medical necessity of the request for MRI Left Knee is not fully established in this patient.

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, MRI's.

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

Decision rationale: Request: MRI of the right knee Page 343: Table 13-5. Ability of Various Techniques to Identify and Define Knee Pathology Page 341: Special Studies and Diagnostic and Treatment Considerations. Per the ACOEM guidelines cited above, "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. 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." Any of these indications for knee MRI were not specified in the records

provided. A detailed physical examination of the right knee was not specified in the records provided. A detailed knee exam including tests for internal derangement like the Mc Murrays test, Anterior drawer test and tests for instability were not specified in the records provided. A trial and response to complete course of conservative therapy including PT visits was not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Previous conservative therapy notes were not specified in the records provided. Patient did not have abnormal findings in the physical examination suggestive of significant internal derangement. The history or physical examination findings do not indicate pathology including cancer, infection, or other red flags. A recent right knee X-ray report is not specified in the records provided. A plan for an invasive procedure of the right knee was not specified in the records provided. Rationale for right knee MRI was not specified in the records provided. The medical necessity of the request for MRI of the right knee is not fully established in this patient.