

Case Number:	CM14-0090489		
Date Assigned:	07/23/2014	Date of Injury:	03/11/2014
Decision Date:	05/06/2015	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/16/2014

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 54-year-old male with a reported date of injury of 3/11/14. He reported an onset of right foot pain while using a dolly at work. Past medical history was positive for diabetes, and industrial low back and left shoulder injuries. A plantar foot sore was noted and pain and erythema increased, with a diagnosis of right foot cellulitis on 3/25/4. He had the area drained and cultures were positive for methicillin resistant staph aureus (MRSA). He was placed on antibiotics with good wound healing noted. The patient was released to full duty work on 4/7/14. The 4/16/14 initial treating physician report documented an onset of right foot pain and burning, radiating up to the right knee after using a dolly to carrying heavy merchandise repetitively. He was not working. He reported intermittent grade 5/10 right knee and leg pain associated with weakness, and constant grade 5/10 right foot pain. Pain was aggravated by weight bearing activities. He reported a history of intermittently losing his balance when his right leg gave in. The patient reported no functional difficulty in mobility or stairs. Physical exam documented thigh circumference 45 cm right and 47 left, and mid-calf circumference 36 right and 38 left. Gait was normal. Knee/leg exam documented joint line tenderness, painful range of motion 0-91 degrees, positive valgus and varus stress tests with pain, and 5/5 lower extremity strength. The diagnosis included right knee and lower leg sprain/strain. The treatment plan recommended chiropractic therapy, physiotherapy, exercise, right knee x-rays, podiatry consult, knee brace, and cane. The 5/22/14 treating physician report cited continued right knee, leg and foot pain. Physical exam documented positive right knee compression test, range of motion 0-85 degrees, and a healed right mid plantar foot lesion. The diagnosis was right knee possible

internal derangement, and right foot/ankle strain. The treatment plan included chiropractic, primary treating physician, and acupuncture two times per week, up to 24 visits. Authorization was requested for right knee MRI, and right knee brace. A podiatry consult was pending. The 6/5/14 utilization review non-certified the request for right knee MRI as there was no evidence of any acute neurologic or orthopedic impairment or exam evidence of instability or weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI Of Right Knee As An Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 2, Summary of Recommendations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343, 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Magnetic resonance imaging (MRI), MRIs.

Decision rationale: The California MTUS guidelines state that most knee problems improve quickly once any red-flag issues are ruled out. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. The Official Disability Guidelines recommend MRI of the knee for non-traumatic knee pain when pain is non-localized, if initial radiographs are normal or demonstrate a joint effusion and internal derangement is suspected. Guideline criteria have not been met. Records document non-specific right knee and leg pain with no functional mobility or strength deficit. There is limited and painful range of motion. However, there is no documentation of radiographic findings or red flag issues. A detailed treatment protocol trial and failure was not evident with regards to the knee. Therefore, this request is not medically necessary.