

Case Number:	CM15-0008614		
Date Assigned:	01/26/2015	Date of Injury:	09/03/2013
Decision Date:	03/24/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/15/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48-year-old female who reported an injury on 09/03/2013. The mechanism of injury involved a fall. The current diagnoses include cervical strain, right shoulder impingement, lumbosacral strain with radiculitis, right sacroiliac joint strain with piriformis muscle spasm, right hip strain, right knee medial meniscus tear, right Achilles tendon strain, right plantar fasciitis, sulfa allergy, and pain induced depression. The injured worker presented on 10/21/2014 with complaints of persistent pain. The current medication regimen includes Cymbalta, Tylenol, and ibuprofen. It was noted that the injured worker has been previously treated with medications, physical therapy, and chiropractic treatment. The injured worker reported persistent pain over multiple areas of the body, as well as sleep disturbance secondary to pain. On examination of the bilateral knees, there was 5 degree extension lag on the right, 110 degree flexion on the right, positive McMurray's sign, crepitus, and tenderness to palpation. There was 4/5 weakness in the right lower extremity. Recommendations at that time included cognitive behavioral therapy, and MRI of the right knee, and an MRI of the right Achilles tendon. There was no Request for Authorization form submitted for review.

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 Page(s): 341-343.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. While it is noted that the injured worker has been treated with a course of physical therapy, it is unclear whether the physical therapy was directed at the right knee. The injured worker underwent chiropractic treatment for the right shoulder. The injured worker reported 6 sessions at the occupational medicine facility. In the absence of documentation of recent conservative treatment for the right knee, the current request is not medically appropriate at this time.