

Case Number:	CM15-0102663		
Date Assigned:	06/05/2015	Date of Injury:	04/01/2011
Decision Date:	07/10/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/28/2015

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: North Carolina, Georgia
 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:

This 41-year-old female sustained an industrial injury to the right knee on 7/6/12. Previous treatment included magnetic resonance imaging, right knee surgery, and physical therapy, psychological care with cognitive behavioral therapy, transcutaneous electrical nerve stimulator unit, ice, home exercise and medications. Right knee magnetic resonance imaging (5/9/14) showed a previous partial meniscectomy with intermediate grade chondromalacia, a small Baker's cyst and a ganglion cyst. In a PR-2 dated 5/6/15, the injured worker complained of constant aching and throbbing right knee pain with radiation down her leg to her foot, rated 8/10 on the visual analog scale without medications and 5/10 with medications. The injured worker had been told to stop her oral pain medications due to gastrointestinal upset. The injured worker was using Voltaren gel for pain management. Physical exam was remarkable for tenderness to palpation at the anterior knee with mild swelling but no effusion. Right lower extremity strength was 5/5. The physician noted that the orthopedic physician had recommended magnetic resonance imaging of the right knee. Current diagnoses included right knee pain, right knee and leg sprain/strain, chronic pain syndrome and history of bucket handle tear of medial meniscus. The treatment plan included magnetic resonance imaging right knee, continuing home exercise, heat and ice, continuing cognitive behavioral therapy and continuing Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee MRI closed unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347.

Decision rationale: ACOEM chapter on knee complaints describes that MRI is recommended for pre-operative evaluation of ACL tears and is not indicated for lateral collateral ligament tears. MRI is not recommended for routine investigation of the knee joint for evaluation without surgical indication. The submitted medical records do not describe a concern for ACL tear and do not indicate any plan for surgical intervention. Additionally, an MRI was performed in 2014 and there is no documentation of substantial change from that time. As such, right knee MRI is not medically necessary.

Electromyograph (EMG) and nerve conduction study (NCV) of the right leg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: CA MTUS/ACOEM allows for the use of EMG and NCV for the evaluation of radiculopathy and peripheral neuropathy when symptoms are present for more than a few weeks. These tests may help identify subtle focal neurologic dysfunction in cases of lower extremity symptoms. The submitted records do not describe any right lower extremity symptoms consistent with radiculopathy or peripheral neuropathy. EMG right lower extremity is not medically necessary.