

Case Number:	CM15-0106742		
Date Assigned:	06/11/2015	Date of Injury:	10/05/2011
Decision Date:	07/14/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/03/2015

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: Internal Medicine

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 female, who sustained an industrial injury on 10/5/11. She reported initial complaints of trauma to upper extremities/fracture to hand. The injured worker was diagnosed as having lumbar spine disc herniation without myelopathy; pain in both hands; pain in both knees. Treatment to date has included chiropractic therapy; acupuncture; urine drug screening; medications. Diagnostics included EMG/NCV/SSEP study upper extremities (11/14/14); MRI right hand (12/29/14); MRI right knee (12/29/14); MRI left knee (12/23/14); MRI left hand (12/23/14); Sudoscan (5/18/15). Currently, the PR-2 notes dated 11/20/14 are hand written and difficult to decipher. These notes indicated the injured worker was in the office as a follow-up and complains of pain in the bilateral hands and knees. The provider documents lumbar spine has decreased range of motion; positive for spasms. Bilateral hands he notes positive Tinel's and Phalen's testing and tenderness to bilateral knees. The provider recommended bilateral hand MRI's and bilateral knee MRI's. A MRI of the right hand dated 12/29/14 was negative and a MRI of the left hand dated 12/23/14 was negative. An EMG/NCV/SSEP upper extremities completed on 11/14/14 concludes as an abnormal NCV/SSEP of the upper extremities in a pattern consistent with moderate bilateral carpal tunnel syndrome, right greater than left, and minimal-mild bilateral cubital tunnel syndrome. EMG is abnormal study of the cervical spine and upper extremities in a pattern consistent with denervation of the bilateral abductor pollicis brevis muscles. A MRI of the right knee on 12/29/14 impression showed a medial meniscus tear at the posterior horn with MCL tear; semimembranous tendinosis and right knee joint effusion. A MRI of the left knee dated 12/23/14

impression showed a medial meniscal tear; semimembranous tendinosis and left knee joint effusion. The provider's treatment plan is noted to include medications currently prescribed as Theramine, Sentra PM, Gabadone and Sentra AM. He also notes chiropractic therapy and acupuncture along with a urine drug screening. There are multiple other PR-2 dates of service subsequent to this note. Utilization Review only had the PR-2 dated 11/20/14 available at the time of that review. The provider is requesting authorization of the MRI of the right knee.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336, 341, 343-345, 346-347.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses MRI magnetic resonance imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results). MRI test is indicated only if surgery is contemplated. ACOEM Table 13-6 indicates that MRI is recommended to determine extent of ACL anterior cruciate ligament tear preoperatively. Table 13-6 does not recommend MRI for other knee conditions. MRI of the right knee dated 12/23/14 showed medial meniscal tearing to the posterior horn with MCL partial tear, semimembranous tendinosis and a knee joint effusion. The doctor's first report of occupational injury dated 4/6/15 documented bilateral wrist and hand complaints. Right knee MRI was requested on 04/24/2015. The medical necessity of a repeat MRI of the right knee was not established. Therefore, the request for repeat MRI of the right knee is not medically necessary.