

Case Number:	CM15-0108900		
Date Assigned:	06/15/2015	Date of Injury:	12/10/2002
Decision Date:	07/15/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/05/2015

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, Indiana, New York
 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 44-year-old female patient who sustained an industrial injury on 12/10/2012. A primary treating office visit dated 05/12/2015 reported the patient with subjective complaint of no change still with constant low back pain and constant right knee pain. She is diagnosed with internal derangement right knee, and mechanical back pain. Current medications are Methadone, and Soma. The plan of care noted the patient to undergo a magnetic resonance imaging scan. At a visit on 03/19/2015, the treating diagnosis was mechanical back pain. The patient had subjective complaint of "doing well", with decreased low back pain with use of medications and ability to perform activities of daily living. She is taking Gabapentin 300mg TID and Norco 10/325mg every 8 hours.

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): 329-353. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, magnetic resonance imaging right knee is not medically necessary. MRI best evaluates soft tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption). Indications for imaging include, but are not limited to, acute trauma to the knees; non-traumatic knee pain, patellofemoral symptoms; non-traumatic knee pain initial antero-posterior and lateral radiographs are non-diagnostic. Repeat MRI; postsurgical MRIs if needed to assess knee cartilage repair tissue. Routine use of MRI for follow-up asymptomatic patients following the arthroplasty is not recommended. In this case, the injured worker's working diagnoses are internal derangement right knee; and mechanical back pain. The date of injury was December 10, 2012. The medical record contains 28 pages. There are no radiographs (x-rays) in the medical record. There are no physical therapy progress notes in the medical record. The earliest progress notes dated November 19, 2012. Subjectively, complaints were limited to the low back and right knee. Similar findings were contained in a 2013 progress note. The most recent progress note in the medical record was dated May 12, 2015 with continued right knee aching that occasionally locks and pops. There has been no change in the overall subjective complaint. Objectively, there is moderate joint line tenderness. There are no other physical findings in the medical record. There is no physical therapy documented in the medical record. There are no other conservative measures documented in the medical record. There are no x-rays in the medical record. Consequently, absent clinical documentation other than medial joint line tenderness with conservative measures (physical therapy), magnetic resonance imaging right knee is not medically necessary.

Referral to ortho pain specialist at [REDACTED] for additional RX: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, 2004, Chapter 7, Independent Medical Examinations and Consultations, pg. 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations/Referrals, page 127.

Decision rationale: Pursuant to the ACOEM and Official Disability Guidelines, referral to orthopedic pain specialist at [REDACTED] for additional RX is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates; antibiotics require close monitoring. In this case, the injured worker's working diagnoses are internal

derangement right knee; and mechanical back pain. The date of injury was December 10, 2012. The medical record contains 28 pages. There are no radiographs (x-rays) in the medical record. There are no physical therapy progress notes in the medical record. The earliest progress notes dated November 19, 2012. Subjectively, complaints were limited to the low back and right knee. Similar findings were contained in a 2013 progress note. The most recent progress note in the medical record was dated May 12, 2015 with continued right knee aching that occasionally locks and pops. There has been no change in the overall subjective complaint. Objectively, there is moderate joint line tenderness. The treating provider prescribes methadone and Soma. There is no rationale in the medical record why the treating provider (PM&R) cannot manage 2 medications. Additionally, there is no clinical rationale for transferring pain management to a third party. Consequently, absent clinical documentation with a clinical indication rationale for transferring pain management, referral to orthopedic pain specialist at [REDACTED] for additional RX is not medically necessary.