

Case Number:	CM15-0109731		
Date Assigned:	06/16/2015	Date of Injury:	07/26/2013
Decision Date:	07/15/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/08/2015

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 52 year old male, who sustained an industrial injury on 7/26/13. He reported low back pain with radiation to the right leg and foot. The injured worker was diagnosed as having herniated disc L5-S1 with left S1 radiculopathy and facet arthropathy at L5-S1. Treatment to date has included physical therapy, lumbar support, cane for ambulation, oral medications and activity restrictions. Currently, the injured worker complains of low back pain with radiation to left leg. Physical exam notes ambulation with a cane, decreased sensation of L5-S1 dermatome on the left and straight leg raising is positive on the left, tenderness to palpation of left knee with swelling and effusion. The treatment plan included recommendation for a left knee (MRI) magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee chapter - Indications for imaging, MRI (magnetic resonance imaging).

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

Decision rationale: The patient has unchanged symptom complaints and clinical findings for this chronic injury without clinical change, red-flag conditions or functional deterioration to support for the MRI. Besides pain complaints, exam is without neurological deficits, there is also no report of limitations, acute flare-up or new injuries. There is no report of failed conservative trial or limitations with ADLs that would support for the MRI without significant change or acute findings. There is no x-ray of the knee for review. Guidelines states that most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results). The guideline criteria have not been met. The MRI (magnetic resonance imaging) Left Knee is not medically necessary and appropriate.