

<b>Case Number:</b>	CM15-0134567		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	10/02/2012
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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 57 year old female with an industrial injury dated 10/02/2012. The injured worker's diagnoses include complex regional pain disorder of the lower extremity, unspecified ankle sprain/strain, right knee strain, depressive reaction and anxiety. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05/28/2015, the injured worker reported left foot pain and right knee pain. Right knee exam revealed tenderness in the posterior right knee, tenderness in the parapatellar region, and decreased range of motion in the right knee. Neurological and psychiatric assessment was appropriate and intact. The treating physician prescribed services for psychiatric evaluation, right knee weight bearing X-rays and Magnetic Resonance Imaging (MRI) of the right knee, now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychiatric Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

**Decision rationale:** Pursuant to the ACOEM, psychiatric evaluation 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 for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are complex regional pain disorder lower extremity; ankle sprain strain; right knee strain; depression and anxiety. The date of injury is October 2, 2012. The request for authorization is dated July 2, 2015. According to a June 26, 2015 progress note treatment plan, a psychology evaluation was requested to assist patient with coping skills in an effort to maximize functional capacity. A simultaneous psychiatric evaluation is premature at this time. The injured worker should undergo the psychology evaluation. After the psychology evaluation the injured worker should be reevaluated by the treating provider to determine whether a psychiatric evaluation is, in fact, indicated. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines and the simultaneous request for both the psychology evaluation and psychiatric evaluation, psychiatric evaluation is not medically necessary.

**Right Knee Weight Bearing X-rays:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Radiographs.

**Decision rationale:** Pursuant to the Official Disability Guidelines, right knee weight-bearing x-rays is not medically necessary. X-rays of the knee are recommended in a primary care setting if a fracture is considered, if the Ottawa criteria are met. The five decision rules for deciding when to use plain films in the fractures, consider injury due to trauma, a greater than 55, tenderness at the head of the fibula or patella, inability to bear weight for #4 steps, inability to flex the knee to 90 have the strongest supporting evidence. Indications for imaging are enumerated in the Official Disability Guidelines. In this case, the injured worker's working diagnoses are complex regional pain disorder lower extremity; ankle sprain strain; right knee strain; depression and anxiety. The date of injury is October 2, 2012. The request for authorization is dated July 2, 2015. The documentation shows weight-bearing x-rays were performed on June 9, 2015 along with an MRI of the right knee. The request for authorization (dated July 2, 2015) requests a repeat right knee weight-bearing set of x-rays. There are no red flags and no compelling clinical findings indicating repeat right knee weight-bearing x-rays are clinically indicated. There is no clinical rationale for a repeat right knee weight-bearing x-rays. Based on the clinical information in the

medical record and the peer-reviewed evidence-based guidelines, repeat right knee weight-bearing x-rays are not medically necessary.

**MRI Right Knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. 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. Soft tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. Indications for imaging include, but are not limited to, acute trauma to the knees; nontraumatic knee pain, patellofemoral symptoms; nontraumatic knee pain initial antero-posterior and lateral radiographs are nondiagnostic. 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 complex regional pain disorder lower extremity; ankle sprain strain; right knee strain; depression and anxiety. The date of injury is October 2, 2012. The request for authorization is dated July 2, 2015. The documentation shows an MRI knee was performed on June 9, 2015. The request for authorization (dated July 2, 2015) requests a repeat MRI knee. There are no red flags and no compelling clinical findings indicating repeat right knee MRI is clinically indicated. There is no clinical rationale for a repeat right knee MRI. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, repeat right knee MRI are not medically necessary.