

Case Number:	CM15-0134918		
Date Assigned:	07/23/2015	Date of Injury:	12/11/2011
Decision Date:	08/26/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, Occupational 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 12/11/11. The mechanism of injury was unclear. She currently complains of neck and low back stiffness and radiating symptoms in the bilateral upper and lower extremities; right knee pain, swelling, clicking and catching; modest improvement with right shoulder pain. On physical exam of the cervical spine there was tenderness to palpation and spasms over the cervical paraspinal musculature with limited range of motion; the lumbar spine was tender to palpation with spasms over the lumbar paraspinal musculature and with positive straight leg raise bilaterally; right knee revealed mild effusion with tenderness to palpation over the medial greater than lateral joint, positive McMurray's and Apley on medial side. Medications were naproxen, hydrocodone, pantoprazole. Diagnoses include right shoulder impingement syndrome with tendinitis/bursitis, status post right shoulder diagnostic arthroscopy (2/12/15); bilateral knee chondromalacia patella; right knee medial meniscus tear versus degeneration; cervical degenerative disc disease; cervical disc herniation; thoracic sprain/ strain; lumbar degenerative disc disease; lumbar degenerative disc herniation; right carpal tunnel syndrome. Treatments to date include physical therapy with modest improvement. There were no diagnostics available for review. On 6/23/15 Utilization review evaluated a request for MRI of the right knee with 3D rendering and interpretation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right knee with 3D rendering and interpretation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg (Acute and Chronic).

Decision rationale: ODG recommends an MRI of the knee to evaluate the extent of a post-traumatic ligament or cartilage disruption. It also recommends MRIs in adolescents with non-patellofemoral symptoms. The patient is diagnosed with chondromalacia patella and a degenerative meniscal tear. The medical records do not explain why repeat imaging is needed or why 3 D rendering is necessary in this case. This request for an MRI of the knee with 3D rendering does not adhere to evidence based guidelines and there is no accompanying explanation as to why an exception to the guidelines should be made in this case. This request for an MRI of the knee with 3D rendering is not medically necessary.