

Case Number:	CM15-0135244		
Date Assigned:	07/23/2015	Date of Injury:	01/04/2015
Decision Date:	09/04/2015	UR Denial Date:	06/26/2015
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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, 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 22 year old male, who sustained an industrial injury on January 04, 2015. The injured worker reported that he stepped backwards and his right foot stepped into an eight foot deep drain causing him to lose his balance and fall backwards where he struck his back on the concrete ground. The injured worker had immediate pain to the low back, right leg, and right knee. The injured worker was diagnosed as having chronic right knee strain with intra-articular pathology, chondromalacia, weakness to the right knee, chronic lumbosacral ligamentous and muscular strain with possible discopathy and radiculopathy, additional sleep issues, underlying psychiatric issues, and weight gain. Treatment and diagnostic studies to date has included x-rays of the right knee, use of a brace to the ankle, use of crutches, and medication regimen. In a progress note dated June 10, 2015 the treating physician reports complaints of continuous, aching, stabbing pain to the low back that radiates to the right buttock, the right leg, and into the knee along with continuous, aching, stabbing pain to the right knee. The injured worker also has associated symptoms of numbness and tingling to the right leg, swelling to the right knee, difficulty sleeping, stress, depression, and anxiety. Examination reveals a mildly antalgic gait, tenderness, muscle tightness, guarding, and spasm to the right lumbar paravertebral muscles, pain with straight leg raises, spasms with lumbar range of motion, swelling to the right knee, tenderness to the medial and lateral joint line, crepitus with range of motion to the right knee, and decreased sensation to the lumbar five nerve root on the right. The treating physician requested magnetic resonance imaging of right knee but the documentation provided did not indicate the specific reason for the requested study.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right knee: 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, MRI.

Decision rationale: This claimant was injured in 2015 with chronic right knee strain with intra-articular pathology, chondromalacia, weakness to the right knee, chronic lumbosacral ligamentous and muscular strain with possible discopathy and radiculopathy, additional sleep issues, underlying psychiatric issues, and weight gain. As of June, there was continued pain in the back and right leg. There was an antalgic gait and decreased sensation to the lumbar fifth nerve root on the right. The treating physician though requested magnetic resonance imaging of right knee but the documentation provided did not indicate the specific reason for the requested study. The MTUS does not address repeat advanced imaging for chronic knee pain situations. The ODG note in the Knee section for chronic knee issues that such studies can be done if initial anteroposterior, lateral, and axial radiographs nondiagnostic (demonstrate normal findings or a joint effusion) or if internal derangement is suspected. In this case, there are no initial plain film studies, and no rationale for doing the MRI, when signs and symptoms seem more referable to the back. The request was appropriately non-certified under evidence-based criteria and therefore is not medically necessary.