

Case Number:	CM15-0145836		
Date Assigned:	08/06/2015	Date of Injury:	06/19/2015
Decision Date:	09/03/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/27/2015

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:

This 38-year-old woman sustained an industrial injury on 6-19-2015 after a forklift crush injury. Diagnoses include knee and lower leg contusion, ankle contusion, and hip and thigh sprain- strain. Treatment has included oral medications and bracing. Physician notes on a PR-2 dated 6- 29-2015 show complaints of unchanged left hip, knee, and ankle pain with left leg tingling. Recommendations include bilateral electromyogram and nerve conduction studies, orthopedic consultation, left leg MRI, and continue medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left knee without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 left knee without contrast 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; 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 contusion knee/lower leg; contusion ankle; and sprain strain hip/thigh unspecified. The date of injury is June 19, 2015. Request for authorization is dated June 22, 2015. According to the June 19, 2015 initial visit, the injured worker sustained a left leg injury. Objectively, the injured worker was unable to weight bear on the left leg. There was decreased range of motion about the left knee. The injured worker was prescribed the knee brace with crutches and instructed on ice to be used with Motrin. According to a progress note dated June 22, 2015, there was no change in the clinical symptoms. The injured worker had constant pain in the left lower extremity. X- rays of left knee were negative. Objectively, there was diffuse tenderness medially and laterally. There were no red flags documented. There was no neurologic examination present. There was no physical therapy performed to date. Consequently, absent clinical documentation with red flags, a neurologic examination and physical therapy, magnetic resonance imaging left knee without contrast is not medically necessary.