

Case Number:	CM15-0148931		
Date Assigned:	08/07/2015	Date of Injury:	03/30/2012
Decision Date:	09/18/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/31/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 62 year old female, who sustained an industrial injury on March 30, 2012. She reported immediate swelling and pain over the anterior portion of her knee. The injured worker was diagnosed as having lumbar radiculitis, bilateral knee meniscal tear and bilateral ankle sprain strain. Treatment to date has included diagnostic studies, medications, rest, ice application, physical therapy, manipulative therapy, extracorporeal shockwave treatment and injections. Notes stated that the injured worker failed all forms of non-operative treatments. On June 3, 2010, the injured worker complained of neck pain rated a 4 on a 1-10 pain scale, low back pain rated a 3, right knee pain rated a 4, left knee pain rated a 3 and left ankle pain rated a 2 on the pain scale. Physical examination of the right knee revealed tenderness and pain with range of motion. The treatment plan request included medication, chiropractic treatment two times a week for four weeks, acupuncture once a week for four weeks, a urinalysis test for toxicology and a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329 - 353.

Decision rationale: The patient is a 62 year old female with an injury on 03/30/2012. She had pain of her back, both knees and both ankles. She has been treated with medication, activity modification and rest, physical therapy, injections and shock wave therapy. There is no documentation of a recent knee injury or recent red flag signs. She does not meet MTUS, ACOEM criteria for a MRI of the right knee. The request is not medically necessary.