

Case Number:	CM15-0182489		
Date Assigned:	09/23/2015	Date of Injury:	06/30/2015
Decision Date:	11/12/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/16/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63 year old woman sustained an industrial injury on 6-30-2015. Diagnoses include cervical spine sprain-strain with radiculopathy and rule out disc bulges, thoracic spine sprain-strain, lumbar spine sprain-strain with radiculopathy and rule out disc bulges, bilateral shoulders sprain-strain, rule out rotator cuff tear, left wrist and hand sprain-strain, bilateral knee sprain-strain rule out derangement, and cephalgia. Treatment has included oral medications, chiropractic care, therapeutic exercises, and physiotherapy. Physician notes dated 8-7-2015 show complaints of headaches, neck pain, low back pain, mid back pain, bilateral shoulder pain, and bilateral knee pain. Some improvement is noted to the complaint of headaches due to chiropractic care. Other complaints have all had slight improvement due to an unidentified source. The physical examination shows palpable tenderness to the cervical spine, improved range of motion documented as flexion 15 out of 45 degrees, extension 15 out of 55 degrees, right lateral flexion 105 out of 145 degrees, right rotation 40 out of 90 degrees, left rotation 40 out of 90 degrees, and bilateral upper extremity strength is noted to be 3 out of 5. Thoracic spine shows moderate tenderness to palpation, and less hypertonic paraspinal muscles. Lumbar spine shows moderate palpable tenderness, slightly improved range of motion noting extension 25 out of 60 degrees, extension 8 out of 25 degrees, bilateral lateral flexion 10 out of 25 degrees, bilateral rotation 10 out of 25 degrees, decreased sensation to dermatomes L3-S1. Bilateral knees show moderate palpable tenderness with range of motion extension 160 out of 180 degrees, flexion 120 out of 135 degrees, and the worker appears fatigued. Recommendations include acupuncture trial, lumbar and cervical spine MRIs, MRIs of the bilateral knees and shoulders, electromyogram and

nerve conduction studies of the bilateral upper extremities. Utilization Review denied a request for left knee MRI citing there has been no significant conservative treatment to the bilateral knees and no x-ray imaging performed. Additionally, the physician withheld this part of the request following peer discussion.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left knee w/o contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: ACOEM recommends regarding special studies regarding the knee "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation....Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion." The records in this case do not clearly document a differential diagnosis for the requested imaging study, nor does it appear that a period of initial conservative treatment has been attempted. This request is not medically necessary.