

Case Number:	CM15-0184850		
Date Assigned:	09/23/2015	Date of Injury:	09/07/2014
Decision Date:	10/29/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/21/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 58 year old male, who sustained an industrial injury on September 7, 2014. He reported pain in his left knee and low back. The injured worker was diagnosed as having mucoid degeneration of the left knee, likely disk herniation versus injury at L4-5 and/or L5-S1, left lower extremity radiculopathy, and moderate muscle spasm in the lumbar region. Treatment to date has included diagnostic studies, physical therapy and medication. Physical therapy provided "no significant improvement." On March 25, 2015, an MRI of the left knee revealed small effusion and mucoid degeneration posterior horn medial meniscus. On August 13, 2015, the injured worker complained of left knee and low back pain. He reported his back pain to be worse than his knee pain. The pain was rated an 8-9 on a 1-10 pain scale. He describes his left knee pain as soreness along with numbness in his left lower extremity. He is unable to perform activities of daily living such as bending, lying down, driving, rising from a chair, lifting, bending and stooping. Range of motion of the left knee included flexion 135 degrees, extension 90 degrees, abduction 100 degrees, adduction 100 degrees, internal rotation 90 degrees, and external rotation 90 degrees. The treatment plan included an MRI of the lumbar spine, medications, and consideration for an orthopedic consultation for the knee. On September 2, 2015, Utilization Review denied a request for an MRI of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: Per the cited ACOEM guideline, special studies are not needed to evaluate most knee complaints, until after a period of conservative care and observation. However, if there is a history of trauma with red flags, such as inability to walk four steps, or inability to flex knee to 90 degrees. ODG further states repeat MRI may be recommended post-surgical if there is need to assess knee cartilage repair tissue. Based on the available medical records for the injured worker, there are no red flags, no recent trauma, no previous knee surgeries, and no change in his exam since his last MRI on March 25, 2015. Therefore, based on the cited guidelines and medical records available, the request for MRI (magnetic resonance imaging) of the left knee at this time is not medically necessary.