

Case Number:	CM15-0187153		
Date Assigned:	09/29/2015	Date of Injury:	03/22/2013
Decision Date:	11/10/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/23/2015

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, New York, 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 applicant is a represented 67-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of March 22, 2013. In a Utilization Review report dated August 25, 2015, the claims administrator failed to approve a request for MRI imaging of the left knee. The claims administrator referenced an RFA form dated August 6, 2015 and an associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. On said August 6, 2015 office visit, the applicant reported ongoing complaints of shoulder, neck, arm, elbow, and knee pain, reportedly severe. The applicant had received 18 sessions of acupuncture, unspecified amounts of physical therapy and a shoulder injection, it was reported. The applicant had comorbidities including diabetes and hypertension, it was acknowledged. The documentation on file included discussion of the applicant's neck and upper extremity pain complaints, with incidental mention made of knee pain and/or numbness about the knee. Acupuncture was sought while Mobic, Neurontin, and Lidoderm were prescribed. Manipulative therapy was also endorsed. MRI imaging of the left knee was also recommended, seemingly without any supporting rationale. The requesting provider was a pain management physician, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: No, the request for MRI imaging of the left knee was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 does acknowledge that MRI imaging can be employed to confirm various diagnoses, including those of meniscus tears, here, however, the attending provider's August 6, 2015 office visit did not clearly state what was suspected insofar as the injured knee was concerned. The stated diagnosis was that of "left knee strain and contusion." The MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 further stipulates that knee MRI imaging to evaluate suspected meniscal tear should be performed only in applicants in whom surgery is being considered or contemplated. Here, however, there was no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving the injured knee based on the outcome of the study in question. It was not stated how (or if) the proposed knee MRI will influence or alter the treatment plan. The fact that the requesting provider was a pain management physician (as opposed to a knee surgeon) strongly suggested that the applicant was not seemingly intent on acting on the results of the study in question. Therefore, the request was not medically necessary.