

Case Number:	CM15-0194240		
Date Assigned:	10/08/2015	Date of Injury:	07/30/2013
Decision Date:	11/18/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/02/2015

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: North Carolina

Certification(s)/Specialty: 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 32 year old male, who sustained an industrial injury on July 30, 2013, incurring right knee and ankle, lumbar spine, and left wrist and hand injuries. He was diagnosed with a right tibial fracture, lumbar strain, left wrist strain and left middle finger fracture. Treatment included rest physical therapy, pain medications, anti-inflammatory drugs, sleep aides, topical analgesic gel, surgical repair of the right tibia fracture and restricted activities. The pain was made better with topical creams and gels. Currently, the injured worker complained of persistent pain in the right knee, low back, and left hand and wrist pain. He rated his back 4 out of 10 on a pain scale from 1 to 10, left wrist and hand pain 2 out of 10 and right knee and ankle pain 7 out of 10. He noted increased pain, tenderness and limited range of motion. The pain worsened with any activities. He walked with difficulty with a cane causing increased pain. The treatment plan that was requested for authorization October 2, 2015, included a Magnetic Resonance Imaging of the right knee. On September 2, 2015, a request for a Magnetic Resonance Imaging of the right knee was denied by utilization review.

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 right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2013 Knee Disorders; Knee Sprains, Clinical Measures, Diagnostic Instructions, MRI.

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

Decision rationale: The ACOEM chapter on knee complaints states: Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases. Also note that MRIs are superior to arthrography for both diagnosis and safety reasons. The patient has documented knee pain and limitations in range of motion but no significant instability or noted abnormalities that would warrant an MRI based on the documented physical exam. Therefore the request is not medically necessary.