

Case Number:	CM15-0198301		
Date Assigned:	10/13/2015	Date of Injury:	03/10/2015
Decision Date:	11/20/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/08/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 64 year old female who sustained an industrial injury on 03-10-2015. Medical records indicated the worker was treated for knee contusion, ankle foot pain, cervicgia, Achilles bursitis or tendonitis. In the provider notes of 08-06-2015, the injured worker complains of pain in the left foot on 08-01-2015. Felt a "pop" and worsening pain left lateral foot at the same site as her original injury. X-ray 08-02-2015 reported by radiologist to show possible avulsion injury of left lateral calcaneus. The worker was put in a boot with a recommendation she get a walker. Neck pain had resolved, and bilateral knee pain was much improved. In the following office visit of 09-10-2015, the worker had still required a walker and boot immobilizer. Her podiatrist diagnosed Achilles tendonitis and a bone spur. Original x-rays of the foot did not show fracture. Her neck pain resolved and the bilateral knee pain was reported as much improved with still some discomfort in right knee. X-rays of the right knee on 03-15 showed some arthritis. She has had several recent falls resulting in injury. She requested her neurologist to follow these questions. Her right knee on exam is tender with no effusion, a negative McMurry's, left foot immobilized with boot. In view of lack of improvement of right knee, the treatment plan is to request a MRI right knee and have the worker follow up with podiatrist. Medications include, Advair disk, Allopurinol, Clobetasol cream, Dexilant, Hydrocodone-APAP, Ipratropium, and Losartan. A request for authorization was submitted for MRI of the right knee x1 (per 9-10-15 order). A utilization review decision 09-24-2015 denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right knee x1 (per 9/10/15 order): Upheld

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

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

Decision rationale: MRI of the right knee x 1 (per 9/10/15 order) is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. The MTUS states that 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. The ODG states that "if the initial anteroposterior and lateral radiographs nondiagnostic and internal derangement is suspected a knee MRI can be obtained." The documentation does not reveal red flag findings or signs of internal derangement on physical examination therefore the request for a left knee MRI is not medically necessary.