MAXIMUS Federal Services

Case Number:	CM15-0198313		
Date Assigned:	10/13/2015	Date of Injury:	07/08/2015
Decision Date:	12/02/2015	UR Denial Date:	09/15/2015
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: Texas, California 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:

This is a 34 year old female patient, who sustained an industrial injury on 7-8-2015. She sustained the injury due to involved in motor vehicle accident. The diagnoses include thoracic sprain and strain, cervical sprain, bilateral shoulder impingement, and left knee sprain and strain. Per the doctor's note dated 9/29/15, she had pain in the neck, and low back, and difficulty sleeping. She is reported to have continued post-traumatic stress disorder. Per the doctor's note dated 8-26-15, she had complaints of neck pain with radiation to the upper back, low back pain, difficulty sleeping and depression, stress and anxiety. Physical examination revealed palpable spasm and tenderness in the neck, reduced right side 7 dermatomal distribution and restricted neck range of motion, tenderness over the bilateral biceps tendons, restricted bilateral shoulder range of motion, positive bilateral impingement sign, palpable spasm in the thoracic and tenderness and restricted range of motion of the thoracic spine, no swelling or warm of the bilateral knees, no signs of external trauma, tenderness with palpation of the left medial knee joint, and range of motion within normal limits of bilateral knees, positive McMurry's testing on the left. The medications list includes Cyclobenzaprine, Ibuprofen, Methocarbamol, Motrin, and topical salicylate ointment. The patient was prescribed Ketoprofen ER and Omeprazole. She has had multiple diagnostic testing including electrodiagnostic studies of upper extremities dated 9-9-15 which revealed bilateral carpal tunnel syndrome, electrodiagnostic studies of lower extremities dated 9-1-15 with normal findings, cervical spine x-rays dated 7-8-15 which revealed minimal neural foraminal narrowing bilaterally at C4-5, and left knee x-rays dated 7-8-15 which revealed no fracture, normal alignment, no significant joint disease, no significant soft tissue

abnormality. She has had 6 physical therapy visits for this injury. Current work status: temporary total disabled. The request for authorization is for magnetic resonance imaging of the left knee. The UR dated 9-15-2015: non-certified the request for magnetic resonance imaging 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 of left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

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

Decision rationale: Per the ACOEM guidelines cited above, "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation." Failure of a complete course of conservative therapy including physical therapy and pharmacotherapy for the left knee is not specified in the records provided. Significant functional deficits that would require a left knee MRI is not specified in the records provided. Evidence of red flags is not specified in the records provided. The medical necessity of MRI of left knee is not established for this patient.