

Case Number:	CM15-0199934		
Date Assigned:	10/15/2015	Date of Injury:	04/29/2011
Decision Date:	11/24/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/12/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 male, who sustained an industrial injury on 04-29-2011. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for high blood pressure, chronic low back pain, and chronic bilateral knee pain (right worse than left). Medical records (09-01-2015) indicate ongoing neck and low back pain, and bilateral shoulder, wrist and knee pain. Pain levels were rated 9 out of 10 in severities on a visual analog scale (VAS) for the right knee; 5 out of 10 on VAS for the left knee, and 5-6 out of 10 for low back. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW was not working. The physical exam, dated 09-01-2015, revealed diminished range of motion (ROM) in the lumbar spine with pain, tenderness to palpation over the lumbar spine bilaterally, positive pelvic rock and flexion, mild to moderate effusion to the right knee, full ROM in both knees, no ligamentous laxity and negative meniscus maneuvers. Relevant treatments have included: right knee surgery (1995), physical therapy (PT), work restrictions, and pain medications. The treating physician indicates that A MRI of the lumbar spine was last completed in 2012 with multiple abnormal findings. The PR (09-01-2015) shows that the following tests were requested: MRIs of the bilateral knees, and x-rays of the lumbar spine (flexion, extension & lateral views). The original utilization review (09-17-2015) non-certified the request for MRIs of the bilateral knees, and x-rays of the lumbar spine (flexion, extension & lateral views).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRIs of bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and leg, MRIs.

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

Decision rationale: MRI of bilateral knees is not medically necessary. For most patients presenting with knee problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: Emergence of a red flag Physiologic evidence of tissue insult or neurologic dysfunction Failure to progress in a strengthening program intended to avoid surgery Clarification of the anatomy prior to an invasive procedure Table 8-8 Summary of Recommendation for Evaluating and Managing Knee Complaints Clinical Measure: Other imaging procedures Recommended: MRI or CT to evaluate red-flag diagnoses as above (D), MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure (D), If no improvement after 1 month, bone scan if tumor or infection possible (D) Not Recommended: Imaging before 4 to 6 weeks in absence of red flags (C, D) Official Disability Guidelines Treatment in Workers Compensation, Online Edition, 2015 Chapter: Knee (Acute & Chronic) Indications for imaging, MRI (magnetic resonance imaging): Chronic knee pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present, if severe or progressive neurologic deficit; Chronic Knee pain, radiographs show spondylosis, neurologic signs or symptoms present; Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present; Chronic knee pain, radiographs show bone or disc margin destruction; Suspected trauma of the knee, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal." Indications for MRI of the cervical spine include the following: Any suggestion of abnormal neurologic findings below the level of injury. Progressive neurologic deficit. Persistent unremitting pain with or without positive neurologic findings. Previous herniated intervertebral disk within the last two years and radicular pain with positive neurologic findings. Patients with significant neurologic findings and failure to respond to conservative therapy despite compliance with the therapeutic regimen. The guidelines state: MRI or CT to validate diagnosis of nerve root compromise, the documentation does not demonstrate new physical findings; therefore, the requested imaging is not medically necessary.

X-rays of lumbar spine, flexion, extension, lateral views: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, and Radiography.

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

Decision rationale: X-rays of lumbar spine, flexion, extension, lateral views is not medically necessary. For most patients presenting with knee problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: Emergence of a red flag Physiologic evidence of tissue insult or neurologic dysfunction Failure to progress in a strengthening program intended to avoid surgery Clarification of the anatomy prior to an invasive procedure Table 8-8 Summary of Recommendation for Evaluating and Managing Knee Complaints Clinical Measure: Other imaging procedures Recommended: MRI or CT to evaluate red-flag diagnoses as above (D), MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure (D), If no improvement after 1 month, bone scan if tumor or infection possible (D) Not Recommended: Imaging before 4 to 6 weeks in absence of red flags (C, D) Official Disability Guidelines Treatment in Workers Compensation, Online Edition, 2015 Chapter: Knee (Acute & Chronic) Indications for imaging, MRI (magnetic resonance imaging): Chronic knee pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present, if severe or progressive neurologic deficit; Chronic Knee pain, radiographs show spondylosis, neurologic signs or symptoms present; Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present; Chronic knee pain, radiographs show bone or disc margin destruction; Suspected trauma of the knee, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal." Indications for MRI of the cervical spine include the following: Any suggestion of abnormal neurologic findings below the level of injury. Progressive neurologic deficit. Persistent unremitting pain with or without positive neurologic findings. Previous herniated intervertebral disk within the last two years and radicular pain with positive neurologic findings. Patients with significant neurologic findings and failure to respond to conservative therapy despite compliance with the therapeutic regimen. The guidelines state: MRI or CT to validate diagnosis of nerve root compromise, the documentation does not demonstrate new physical findings; therefore, the requested imaging is not medically necessary.