

Case Number:	CM15-0204731		
Date Assigned:	10/21/2015	Date of Injury:	07/01/2015
Decision Date:	12/03/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/19/2015

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 53 year old male, who sustained an industrial injury on July 1, 2015, incurring bilateral knee and bilateral upper extremity injuries. He was diagnosed with bilateral carpal tunnel syndrome, bilateral knee osteoarthritis and radiculopathy. He complained of severe upper extremity wrists and knee pain. Treatment included pain management and activity restrictions. Currently, the injured worker complained of constant achy type pain in the forearms, wrists and knees. He rated his pain 9 out of 10 on a pain scale from 0 to 10. He noted numbness in both palms and tingling sensation in the palms and fingers. The injured worker complained of pain in both knees, greater in the right knee, exacerbated by prolonged standing, and the use of stairs. There was crepitus noted upon active and passive range of motion, more so on the right knee. X rays of both knees revealed degenerative tricompartmental changes bilaterally, more so on the right. The treatment plan that was requested for authorization included a Magnetic Resonance Imaging of the right knee without contrast. On September 29, 2015, a request for a Magnetic Resonance Imaging of the right knee was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right knee without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, MRIs.

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

Decision rationale: The ACOEM chapter on knee complaints, states that MRI is indicated to determine the extent of ACL tear preoperatively. 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. Criteria per the ACOEM for ordering an MRI of the knee in the provided documentation for review have not been met. The patient has no instability of the joint on exam and not signs of ligament damage or tear. Therefore the request is not medically necessary.