

Case Number:	CM15-0205867		
Date Assigned:	10/22/2015	Date of Injury:	04/22/2011
Decision Date:	12/03/2015	UR Denial Date:	10/08/2015
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 52 year old female who sustained an industrial injury April 22, 2011. Past history included knee chondromalacia, rupture patellar tendon, knee medial and lateral meniscus tear and low back syndrome (unspecified knee). Requests for treatment were made but documentation is not present that treatments were authorized and or rendered; physical therapy 12 sessions, Supartz injection left knee x 3, and aqua therapy 12 sessions. According to the most recent treating physician's progress notes dated August 17, 2015, the injured worker presented with pain in her entire right arm, rated 7 out of 10 and low back pain, rated 8 out of 10. The physician documented; "she was seen in the ER (Emergency Room) (unspecified date) with symptoms of fatigue and chest pain and was advised it was rib cage inflammation". She is using Naprosyn, Flexeril, Tylenol #4, Ativan, Wellbutrin, and Lidocaine ointment from another physician. Current medications included Celebrex, CombiPatch, Hydrocodone-Acetaminophen, Lidoderm, Percocet, ProAir HFA, and Rybix ODT. Objective findings included; ambulates with stiff gait and cane; right shoulder- tenderness and spasm right trapezius, painful range of motion, negative drop and impingement tests; right wrist diffuse tenderness, normal range of motion and no swelling; lumbar spine- diffuse tenderness with spasm, seated straight leg raise negative bilaterally; sensation intact upper and lower extremities. Diagnoses are shoulder arthralgia; lumbar spondylosis; lumbar lumbosacral disc degeneration; low back syndrome; shoulder calcifying tendinitis; sprain, strain unspecified site upper arm; lumbar myofascial sprain, strain. Treatment plan included home heat-ice as needed, topical analgesic ointment as needed, stretch and strength home exercise program, psych follow-up, Pil-O splint for the right elbow at bedtime

and TENS (transcutaneous electrical nerve stimulation) as needed. At issue is a request for an MRI of the left knee. According to utilization review dated October 8, 2015, the request for an MRI of the left knee is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg.

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 tears 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.