

Case Number:	CM15-0207406		
Date Assigned:	10/26/2015	Date of Injury:	08/10/2015
Decision Date:	12/11/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/21/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a [REDACTED] beneficiary who has filed a claim for bilateral knee pain reportedly associated with an industrial injury of August 10, 2015. In a Utilization Review report dated October 30, 2015, the claims administrator failed to approve a request for left and right knee MRI imaging. A September 28, 2015 Doctor's First Report (DFR) was referenced in the determination. The applicant's attorney subsequently appealed. On Doctor's First Report (DFR) dated September 28, 2015, the applicant reported issues with bilateral knee, bilateral foot, and low back pain reportedly associated with an industrial contusion injury. The applicant exhibited tenderness about the medial and lateral joint lines of the knees with positive McMurray maneuvers appreciated. Norflex, diclofenac, Prilosec, 12 sessions of manipulative therapy, unspecified amounts of physical therapy, MRI imaging of lumbar spine, MRI imaging of bilateral knees, and a functional capacity testing were ordered while the applicant was seemingly kept off of work. The note comprised, in large part, of preprinted checkboxes. There was no mention how (or if) the proposed knee MRIs would influence or alter the treatment plan.

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.

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

Decision rationale: No, the request for MRI imaging of the left knee was not medically necessary, medically appropriate, or indicated here. The suspected diagnosis appeared to be that of meniscus tear. While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 acknowledges that MRI imaging can be employed to confirm a diagnosis of meniscus tear, the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 qualifies this by noting that such testing is indicated only if surgery is being contemplated. Here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the injured knee based on the outcome of the study in question. The fact that the MRI studies of left and right knees were concurrently ordered along with MRI imaging of lumbar spine, taken together, significantly reduced the likelihood of the applicant's acting on the results of the study in question and/or going on to consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.

MRI right knee: Upheld

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

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

Decision rationale: Similarly, the request for MRI imaging of the right knee was likewise not medically necessary, medically appropriate, or indicated here. The primary suspected diagnosis here was that of meniscus tear. While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 does acknowledge that MRI imaging can be employed to confirm a diagnosis of meniscus tear, the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 qualifies this position by noting that such testing is indicated only if surgery is being contemplated. Here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention on the September 28, 2015 DFR at issue. The fact that MRI studies of the left knee, right knee, and lumbar spine were concurrently ordered, taken together, significantly reduced the likelihood of the applicant's acting on results of any one study and/or going on to consider surgical intervention based on the outcome of the same. The fact that manipulative therapy and physical therapy ordered on said September 28, 2015 DFR also suggested that the attending provider believed that the applicant's complaints could respond favorably to conservative treatment and potentially obviate the need for surgical intervention involving the injured knee. There was, in short, neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the study in question and consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.